

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000027852

FILED  
Oct 10, 2006  
Secretary of State

Entity Name: EDUCATIONAL PERFORMANCE SYSTEMS, INC.

## Current Principal Place of Business:

4357 COMANCHE TRAIL BLVD  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 8159  
FLEMING ISLAND, FL 32006

## New Mailing Address:

18739 NE 111TH TERRACE  
LAKE BUTLER, FL 32054

FEI Number: 59-3645131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INGRAHAM, MELANIE W  
4357 COMANCHE TRAIL BLVD  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELANIE W. INGRAHAM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: INGRAHAM, MELANIE  
Address: 4357 COMANCHE TRAIL BLVD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete  
Name: NEWSOME, MARCY  
Address: 805 E MARKS ST  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: WALL, JAN  
Address: 720 WANDERING LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S ( ) Delete  
Name: WHITELEY, TRACY  
Address: 1832 MOSS CREEK DR  
City-St-Zip: ORANGE PARK, FL 32003

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WHITELEY, TRACY  
Address: 18739 NE 111TH TERRACE  
City-St-Zip: LAKE BUTLER, FL 32054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE W. INGRAHAM

Electronic Signature of Signing Officer or Director

PRES

10/10/2006

Date