2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 08:00 AM Secretary of State

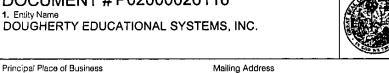
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1. Entity Name

275 WILLIAMSON BLVD.

DAYTONA BEACH, FL 32114

DOUGHERTY EDUCATIONAL SYSTEMS, INC.



275 WILLIAMSON BLVD.

DAYTONA BEACH, FL 32114



DO NOT WRITE IN THIS SPACE

03072007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
33-0996831	[Not Applicable
5. Certificate of Status Desired		5 Additional equired

6. Name and Address of Current Registered Agent

DOUGHERTY, JOSEPH R 275 WILLIAMSON BLVD. DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE_	Signature, typed or printed name of registered agent and title	I applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPST DOUGHERTY, JOSEPH P 275 WILLIAMSON BLVD. DAYTONA BEACH, FL 32114	CTORS .			U00000666084		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DV DOUGHERTY, CAROL J 275 WILLIAMSON BLVD. DAYTONA BEACH, FL 32114				03/23/07-80057-003 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated	certify that the information supplied with this for on this report or supplemental report is true to	iting does not quatify for the earn accurate and that my sign	xemptions cor ature shall hav	ntained in Chapter 11 ve the same legal effe	9, Florida Statutes. I further certify that the information of 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NG OFFICER OR DIRECTOR