2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 01, 2008 8:00 am Secretary of State DOCUMENT # P02000026116 04-01-2008 90011 040 ***158.75 DOUGHERTY EDUCATIONAL SYSTEMS, INC. Principal Place of Business Mailing Address 275 WILLIAMSON BLVD. 275 WILLIAMSON BLVD. DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03112008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 33-0996831 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOUGHERTY, JOSEPH K Street Address (P.O. Box Number is Not Acceptable) 275 WILLIAMSON BLVD. DAYTONA BEACH, FL 32114 Zip Code City 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 if applicable (NOTE: Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. DPST ☐ Addition Change ☐ Delete TITLE TITLE DOUGHERTY, JOSEPH P 930 N. Beach Street NAME NAME 275 WILLIAMSON BLVD. STREET ADDRESS STREET ADDRESS Ormand Beach, F1.32174 Dechange CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE 930 N. Beach Street NAME DOUGHERTY, CAROL J NAME STREET ADDRESS STREET ADDRESS 275 WILLIAMSON BLVD. Ormand Beach, 61.32174 Ind Vice President | Change Shamus Michael Dougherty 1312 Golf Avenue CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH, FL 32114 ☐ Delete TITLE TITLE NAME NAME __ STREET ADDRESS STREET ADDRESS Ormand Beach, Fl. 32174 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Doughesty 3/28/08 386753-9557