

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 036 \*\*\*158.75

<b>DOCUMENT # P02000059768</b> 1. Entity Name <b>NEW EDUCATION PRESS, INC.</b>			
Principal Place of Business <b>4220 SAN MARINO BLVD SUITE 201 WEST PALM BEACH, FL 33409</b>		Mailing Address <b>4220 SAN MARINO BLVD SUITE 201 WEST PALM BEACH, FL 33409</b>	
2. Principal Place of Business <b>642 Gazette Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>642 Gazette Way</b> Suite, Apt. #, etc.	
City & State <b>West Palm Beach, FL</b> Zip <b>33413</b> Country <b>USA</b>		City & State <b>West Palm Beach FL</b> Zip <b>33413</b> Country <b>USA</b>	
4. FEI Number <b>75-3062791</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ST-GILLES, MARIE-ANNE 4216 TORRES CIRCLE WEST PALM BEACH, FL 33049</b>		7. Name and Address of New Registered Agent Name <b>FRANCOIS Jean-Claude</b> Street Address (P.O. Box Number is Not Acceptable) <b>642 Gazette Way</b> <b>West Palm Beach,</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33413</b>	
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 <b>FRANCOIS, Jean-Claude</b> <span style="float: right;">06-22-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>ST-GILLES, MARIE-ANNE</b> STREET ADDRESS <b>4216 TORRES CIRCLE</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33409</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRESIDENT</b> NAME <b>FRANCOIS, Jean-Claude</b> STREET ADDRESS <b>642 Gazette Way</b> CITY-ST-ZIP <b>West Palm Beach, FL 33413</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>FRANCOIS, JEAN CLAUDE</b> STREET ADDRESS <b>4216 TORRES CIRCLE</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33409</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VICE-PRESIDENT</b> NAME <b>FRANCOIS, Marie-Anne</b> STREET ADDRESS <b>642 Gazette Way</b> CITY-ST-ZIP <b>West Palm Beach, FL 33413</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>GM</b> NAME <b>FRANCOIS, RALPH</b> STREET ADDRESS <b>112-19, 207TH STREET</b> CITY-ST-ZIP <b>QUEEN'S VILLAGE, NY 11429</b>	<input type="checkbox"/> Delete	TITLE <b>GENERAL MANAGER</b> NAME <b>FRANCOIS, Ralph</b> STREET ADDRESS <b>112-19, 207th Street</b> CITY-ST-ZIP <b>Queens Village, NY 11429</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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.			
SIGNATURE: <b>FRANCOIS, Jean-Claude</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		06-22-06 <span style="float: right;">561-768-3400</span> <small>Date Daytime Phone #</small>	