

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008197

FILED  
Aug 20, 2008  
Secretary of State

Entity Name: EDUCATIONAL INTERACTIVE GROUP, INC.

## Current Principal Place of Business:

18229 COLLRIDGE DR  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

18229 COLLRIDGE DR  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 20-0632898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD  
SUITE 309  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

JENSEN, PAUL C  
2001, 16TH ST NORTH  
ST. PETERSBURG, FL 33704 US

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: PAUL C JENSEN

08/20/2008

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: D ( ) Delete  
Name: ANDERSON, LISA  
Address: 31739 HEDGEROW DR  
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: D ( ) Delete  
Name: PATHIAVADI, CHITRA S  
Address: 18229 COLLRIDGE DR  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ANDERSON, LISA  
Address: 10905 SW SR 45  
City-St-Zip: ARCHER, FL 32618

Title: D (X) Change ( ) Addition  
Name: PATHIAVADI, CHITRA S  
Address: 1803 CONTINENTAL AVE #204  
City-St-Zip: NAPERVILLE, IL 60563

I hereby certify that the information supplied with this filing does not qualify 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: CHITRA S PATHIAVADI

D

08/20/2008

Electronic Signature of Signing Officer or Director

Date