## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145744

Entity Name: EDUCATIONAL SUPPORT SYSTEMS INC

FILED Mar 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

99 NW 183TH STREET 227

MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

99 NW 183TH STREET 227 MIAMI GARDENS, FL 33169

IVIIAIVII OARDENO, LE 33103

FEI Number: 20-1784202 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERRIEUM, CHERETHA L 18356 NW 68TH AVE., APT C MIAMI, FL 33015 US BERRIEUM, CHERETHA L 12245 SW 10TH STREET PEMBROKE PINES, FL 33025 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: CHERETHA BERRIEUM 03/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete

 Name:
 BERRIEUM, CHERETHA L MS

 Address:
 18356 NW 68TH AVE., APT C

City-St-Zip: MIAMI, FL 33015

 Title:
 VP
 ( ) Delete

 Name:
 FERGUSON, JASON B MR

 Address:
 18356 N.W. 68TH AVENUE, #C

City-St-Zip: MIAMI, FL 33015 D

Title: PD (X) Change () Addition
Name: BERRIEUM, CHERETHA L MS
Address: 12245 SW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP (X) Change () Addition

 Name:
 FERGUSON, JASON B MR

 Address:
 12245 SW 10TH STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33025 D

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: CHERETHA BERRIEUM PD 03/18/2006