

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90042 044 ***158.75

DOCUMENT # P04000163648

1. Entity Name
THE CHRISTIAN EDUCATORS COMPANY



Principal Place of Business
**601 SHOREWOOD DR. UNIT G303
CAPE CANAVERAL, FL 32920**

Mailing Address
**601 SHOREWOOD DR. UNIT G303
CAPE CANAVERAL, FL 32920**

20061001

2. Principal Place of Business
**601 SHOREWOOD DR.
UNIT 303
CAPE CANAVERAL FL
32920**

3. Mailing Address
**601 SHOREWOOD DR.
UNIT 303
CAPE CANAVERAL FL
32920**

City & State
CAPE CANAVERAL FL

Country
Bahamas

The Christian Educators Company 32122005 Chg-P CR2E034 (10/03)

383 - 5507-10 Nesconset Hwy
Mt. Sinai, NY 11766

FEI Number
20-1937804

Applied For
☐ Not Applicable

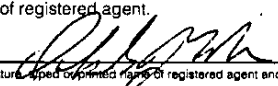
Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

www.christian-educators.com

6. Name and Address of Current Registered Agent
**HORGREVE, LISA L ESQ.
96 WILLARD ST., STE. 206
COCOA, FL 32922-7946**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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  DATE **3/7/05**

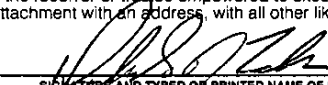
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZABOR, DEBORAH 266 PRINCE RD. ROCKY POINT, NY 11778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ZABOR, WILLIAM 266 PRINCE RD. ROCKY POINT, NY 11778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **3-2-05** DAYTIME PHONE # **631-744-1403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR