


2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-26-2006 90003 032 ***150.00
P05000114451

FILED

06 JUL 17 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000114451 1. Entity Name EDUCATIONAL GROWTH GROUP, INC.					
Principal Place of Business 3720 PARK CENTRAL BLVD POMPANO BEACH, FL 33064 UD			Mailing Address 4811 LYONS TECH PARKWAY SUITE 28 COCONUT CREEK, FL 33073 UD		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3720 Park Central Blvd. N		05192006 Chg-P CR2E034 (11/05)	
City & State Pompano Bch., FL		4. FEI Number 20-03313181		Applied For Not Applicable	
Zip 33064	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRIFFIN, STEVEN 119 CHATHAM CT BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name Jackie Lombardi Street Address (P.O. Box Number is Not Acceptable) 3720 Park Central Blvd. N City Pompano Bch. FL Zip Code 33064		
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 <u>Jackie Lombardi</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6/16/06</u>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO LOMBARDI, JACKIE <input type="checkbox"/> Delete 4811 LYONS TECH PARKWAY SUITE 28 COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Jackie Lombardi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3720 Park Central Blvd. N Pompano Bch., FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, JOY <input checked="" type="checkbox"/> Delete 4811 LYONS TECH PARKWAY SUITE 28 COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dr. Tim Hurley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3720 Park Central Blvd. N Pompano Bch., FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOLNAI, ROBERT <input checked="" type="checkbox"/> Delete 4811 LYONS TECH PARKWAY SUITE 28 COCONUT CREEK, FL 33073		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	
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: <u>Jackie Lombardi</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6/16/06 954/978-3002 Date Daytime Phone #		

Jackie Lombardi, CEO