2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# P06000002276

Entity Name: US DIDACTIC, INC.

Current Principal Place of Business:

15540 BAY VISTA DR.
CLERMONT, FL 34714

New Principal Place of Business:

5030 BLUE MAJOR DRIVE
SUMMER PORT
WINDERMERE, FL 34786

Current Mailing Address:

52 RILEY RD., SUITE 371
CELEBRATION, FL 34747

New Mailing Address:

52 RILEY RD.
SUITE 371
CELEBRATION, FL 34747

FEI Number: 22-3868135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHEEL, SHARON
15540 BAY VISTA DR.
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

SCHEEL, SHARON
52 RILEY RD.
SUITE 371
CELEBRATION, FL 34747 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: 03/06/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHEEL, SHARON L
Address: 15540 BAY VISTA DR.
City-St-Zip: CLERMONT, FL 34714

Title: VD ( ) Delete
Name: SCHEEL, OLIVER N
Address: 15540 BAY VISTA DR.
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHEEL, SHARON L
Address: 52 RILEY RD. SUITE 371
City-St-Zip: CELEBRATION, FL 34747

Title: VD (X) Change ( ) Addition
Name: SCHEEL, OLIVER N
Address: 52 RILEY RD. SUITE 371
City-St-Zip: CELEBRATION, FL 34747

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: SHARON L. SCHEEL PD 03/06/2007
Electronic Signature of Signing Officer or Director — Date