


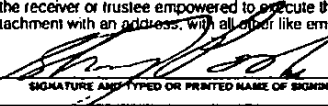
# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

6/7/2007-90004-028-\$150.00-\$150.00

**FILED**

07 JUN 22 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |                          |  |  |  |  |
|--|--------------------------|--|--|--|--|
| <b>DOCUMENT # P06000059471</b>   |                          |  |  |           |  |
| 1. Entity Name<br><b>NORTH FLORIDA EDUCATIONAL INSTITUTE, INC.</b>   |                          |  |  |  |  |
| Principal Place of Business<br><b>1527 GANDY STREET<br/>JACKSONVILLE, FL 32208 US</b>  |                          |  | Mailing Address<br><b>P.O. BOX 40112<br/>JACKSONVILLE, FL 32203 US</b>                   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                          |  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |                          |  | Suite, Apt. #, etc.  |  |  |
| City & State   |                          |  | City & State   |  |  |
| Zip  | Country                  | Zip  | Country  | 4. FEI Number  |  |
|  |                          |  |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                          |  |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |                          |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>POOLE, STACEY L SR<br/>10367 MCLAURIN RD E<br/>JACKSONVILLE, FL 32256</b>   |                          |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____   |                          |  |  |  |  |
| Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)  |                          |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                    |  |  |
| TITLE  | PST                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| NAME   | POOLE, STACEY L SR       |  | NAME   |  |  |
| STREET ADDRESS   | 10367 MCLAURIN ROAD EAST |  | STREET ADDRESS   |  |  |
| CITY- ST- ZIP  | JACKSONVILLE, FL 32256   |  | CITY- ST- ZIP  |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| NAME   |                          |  | NAME   |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |  |  |
| CITY- ST- ZIP  |                          |  | CITY- ST- ZIP  |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| NAME   |                          |  | NAME   |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |  |  |
| CITY- ST- ZIP  |                          |  | CITY- ST- ZIP  |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| NAME   |                          |  | NAME   |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |  |  |
| CITY- ST- ZIP  |                          |  | CITY- ST- ZIP  |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| NAME   |                          |  | NAME   |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |  |  |
| CITY- ST- ZIP  |                          |  | CITY- ST- ZIP  |  |  |
| 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:    |                          |  | 6/5/07 904-764-0084<br>Date Daytime Phone #  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                          |  |  |  |  |