2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000111967

1. Enlity Name

EDUCATIONAL INVESTOR SERVICES, INC.



FILED May 06, 2008 08:00 AN Secretary of State

Principal Place of Business

7555 GRAND BLVD. SUITE B105-319 DESTIN, FL 32550 Mailing Address

7555 GRAND BLVD. SUITE B105-319 DESTIN, FL 32550



O NOT WRITE IN THIS COACE	03252008 No Chg-P CR2E034 (11/05)		
O NOT WRITE IN THIS SPACE	4. FEI Number 38-3625652		Applied For Not Applicab
	5. Certificate of Status Desired		5 Additional equired

6. Name and Address of Current Registered Agent

WILLIAMS, STEVE 7555 GRAND BLVD. SUITE B105-319 DESTIN, FL 32550 DO NOT WRITE IN THIS SPACE

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 by egistered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Eignature required when rentating) DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 *** ay 1, 2008 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, STEVEN M . 755 GRAND BLVD STE B105-319 DESTIN, FL 32550				. U00000949516 06/03/08-80031-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO N	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information							

12. 1 hereby certify that the information supplied with this filling does not quality 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Daytime Phone #