2008 FOR PROFIT CORPORATION

FILED Anr 04. 2008 08:00 Al ate

ANNUAL KEPUK I				Apr 04, 2000 00.0			
	MENT # P06000124			S	ecretary of S	d	
1. Entity Nam ECKSTE	N EDUCATION SYSTEMS (OF FLORIDA, INC.		:		·	
Principal Plac 6019 SEMIN SEMINOLE, F		Mailing Address 6019 SEMINOLE BLVD. SEMINOLE, FL 33772			##11# #1111 # #111 # #111 ##	1918 HELL SIGN SIGN SIGN SIGN SIGNS	
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D	O NOT WRITE	IN THIS SPA	ACE I	02082008 4. FEI Numbe	No Chg-P	CR2E034 (11/05)	
				20-594		Not Applica \$8.75 Additional	
	6. Name and Address of Current R	legistered Agent		5. Cermicate		Fee Required	—
ECKSTEIN, PAUL F. D.M.D. 6019 SEMINOLE BLVD. SEMINOLE, FL 33772			\$		NOT WI		€°B
			10	AIN A	THIS SP		
	named entity submits this statement for ions of registered agent.	the purpose of changing its regist	ered office or register	red agent, or bo	th, in the State of Flor	ida. I am familiar with, and acce	эpt
SIGNATURE	Signature, typed or printed name of registered agent as	nd tive if applicable. (NOTE Regis	tared Agant signatura required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Cam Trust Fund Co				.00 May Be ed to Fees	U0000088083 04/15/0880077	880839 -80077-022 150.90	9 -022 150.00
10.	OFFICERS AND D	DIRECTORS		1 1 1 1 1 1			
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12. I hereby certify that the information supplied within 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.

CITY-SI-ZIP .

SIGNATURE: SIGNATURE AND TYPED OR PRINTERNAME OF SIGNING OFFICER OR DIRECTOR