

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078194

FILED
Jan 14, 2009
Secretary of State

Entity Name: EDUCATIONAL EXPERIENCES, INC.

Current Principal Place of Business:

1780-5 DOYLE ROAD
DELTONA, FL 32725 US

New Principal Place of Business:

1780 DOYLE ROAD
SUITE 5
DELTONA, FL 32725 US

Current Mailing Address:

1780-5 DOYLE ROAD
DELTONA, FL 32725 US

New Mailing Address:

1780 DOYLE ROAD
SUITE 5
DELTONA, FL 32725 US

FEI Number: 59-3365849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINSCHMIDT, CHARLES H
1780-5 DOYLE ROAD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

KLEINSCHMIDT, CHARLES H
1780 DOYLE ROAD
SUITE 5
DELTONA, FL 32725 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:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLEINSCHMIDT, CHARLES H
Address: 1780-5 DOYLE ROAD
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: KLEINSCHMIDT, E L
Address: 1780-5 DOYLE ROAD
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KLEINSCHMIDT, CHARLES H
Address: 1780 DOYLE ROAD, SUITE 5
City-St-Zip: DELTONA, FL 32725

Title: D (X) Change () Addition
Name: KLEINSCHMIDT, E L
Address: 1780 DOYLE ROAD, SUITE 5
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify 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: E L KLEINSCHMIDT

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date