


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000072418 1. Entity Name ELIZABETH ANN DICKERHOOF, M. ED., INC.	
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Principal Place of Business 5600 N FLAGLER DR STE 901 WEST PALM BEACH FL 33407	Mailing Address 5600 N FLAGLER DR STE 901 WEST PALM BEACH FL 33407
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0609233
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

6. Name and Address of Current Registered Agent DICKERHOOF, ELIZABETH ANN 5600 NORTH FLAGLER DRIVE SUITE 901 WEST PALM BEACH FL 33407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DICKERHOOF, ELIZABETH ANN M ED. 5600 NORTH FLAGLER DRIVE STE 901 WEST PALM BEACH FL 33407
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	U00000414009 02/11/06-80020-004 150.00
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elizabeth Ann Dickerhoof, Elizabeth Ann Dickerhoof 1-25-06 561-842-4103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #