2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000083538

1. Entity Name

EDUCATIONAL CONCEPTS, INC.



FILED Jan 11, 2007 8:00 am y of State

054 019 ***150.00

| | Secretar 01-11-2007 900 |
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| No. of the last | |

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|--|--------------------------------|---------------------|---|--|-----------------------|---------------------------------------|--------------|----------------------------|-------------------------|--|
| Principal Place of Business Mailing Address | | | | 4, | 0002 | | | | | |
| | | | 612 Green Valley dr. Albuquerque, NM 87123 | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. N | | 3. Mailing Address | . Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Chg-P | CR2E0 | 34 (12/06) | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-3403 | | | | plied For Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate o | f Status Desired | | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and A | Address of New F | Registered A | gent | | |
| L15161 01111 | ue. | | N | Name | | | | | | |
| HEIN, JULIUS 21523 PRINCE ALBERT COURT LEESBURG, FL 34748 | | | St | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| (i.e. | | | | City Zip Code | | | | | | |
| | NO S | | | | | | FL | Zip Code | | |
| 8. The above name trentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE Signaturgstyped or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| | 3.3 | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1: 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | | .00 May Be | | | | | |
| Arterma | ** 40 T 196 | | | | 300 10 1 000 | | _ | _ | | |
| 10. | OFFICERS AND | | 11. | | ADDITIONS/C | HANGES TO OFF | FICERS AND | _ | | |
| '''- | D HEIN, JULIUS | Delete | TITLE NAME | HE | ווטל , או | US | | Change | Addition | |
| l F | F ' | | STREET AD | | GREEN | VALLEY ? | Drive | | | |
| 1 | | | CITY-ST-2 | A ARRA MANAGA | | | | | | |
| TITLE | D | ☐ Delete | TITLE | 3 | | | | Change | Addition | |
| | HEIN, STARR | | NAME | | INI_STAI | | DRIVE | | | |
| 1 | | | STREET AD | | GREEN | VALLEY | _ | - | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-2 | IP ALC | uquer a | UE, IVM | 87/Z | | | |
| TITLE | | ☐ Delete | TITLE | | | | | Change | Addition | |
| NAME STREET ADDRESS | | | name Street ad | DOLGO | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-Z | | | | | | | |
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| NAME | | _ Doint | NAME | | | | | onange | | |
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| CITY-ST-ZIP | | | CITY-ST-Z | TIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | - | | ☐ Change | Addition | |
| NAME | | | NAME | | | | | | | |
| STREET ADDRESS | | | STREET AD | 1 | | | | | | |
| CITY-ST-ZIP | - | | CITY-ST-Z | 98 | | | | | <u> </u> | |
| TITLE | | ☐ Delete | TITLE | 1 | | | | Change | Addition | |
| NAME STREET ADDRESS | | | name Street ad | DRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-2 | | | | | | | |
| 40 () | 25 N 24 1 F 27 P 1 1 | | | | 41.00 | 5 11 6 11 | 1.6.11 | | | |

I hereby certify that the information supplied with this filling 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 prief like empowered.

SIGNATURE: _

ATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

505-271-0041