## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000037726

Entity Name: EDUCATIONAL SERVICES, INC.

FILED Jan 31, 2007 Secretary of State

Name and Address of Current Registered Agent:  POLK, ALICIA M 13813 HWY 98 BYPASS DADE CITY, FL 33525 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS Address:  Title:  D () Change () Addition Name:  Address:  City-St-Zip:  DADE CITY, FL 33525  Title:  D () Delete  Title:  D () Delete  Title:  Title:  D () Change () Addition Name:  Address:  City-St-Zip:  Title:  D () Delete  Title:  Name:  Address:  Address:  Address:  Address:  Address:  Address:  Address:	•		·····				
Current Mailing Address:  New Mailing Address:  13815 HIGHWAY 98 BYPASS DADE CITY, FL 33525  FEI Number: 59-3507035 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Stat Name and Address of Current Registered Agent: Name and Address of New Registered POLK, ALICIA M 13813 HWY 98 BYPASS DADE CITY, FL 33525 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Electronic And DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS Address: 13815 HIGHWAY 98 BYPASS	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
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OFFICERS AND DIRECTORS:         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:           Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition Name:           Name:         POLK, D.RAY         Name:         Address:         Address:         City-St-Zip:           City-St-Zip:         DADE CITY, FL 33525         City-St-Zip:         Title:         ( ) Change ( ) Addition Name:           Name:         POLK, MARGARET E         Name:         Address:           Address:         13815 HIGHWAY 98 BYPASS         Address:		Electronic	Signature of Registered Age	ent	Date		
Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         POLK, D.RAY         Name:           Address:         13815 HIGHWAY 98 BYPASS         Address:           City-St-Zip:         DADE CITY, FL 33525         City-St-Zip:           Title:         D         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         POLK, MARGARET E         Name:           Address:         13815 HIGHWAY 98 BYPASS         Address:	Election Cam	npaign Financing	Trust Fund Contribution ( ).				
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City-St-Zip: DADE CITY, FL 33525 City-St-Zip:	Name:	POLK, MARGARI 13815 HIGHWAY	ET E 198 BYPASS	Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: D. RAY POLK	D	01/31/2007
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