

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88790

FILED
Mar 05, 2009
Secretary of State

Entity Name: EDUCATIONAL FUNDING RESOURCES, INC.

Current Principal Place of Business:

1601 N PALM AVE
SUITE 302
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 848360
PEMBROKE PINES, FL 33084 US

New Mailing Address:

FEI Number: 65-0291183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK JAMES L
1601 N PLAM AVE, STE 302
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREEN, MICHAEL G.,
Address: 2240 NW 93 WAY
City-St-Zip: PEMBROKE PINES, FL 33024 BR

Title: DCV () Delete
Name: COOK, JAMES L.,
Address: 10800 NW 22ND ST.
City-St-Zip: PEMBROKE PINES, FL 33026 BR

Title: DV () Delete
Name: GREEN, VIRGINIA C.,
Address: 2240 NW 93 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DV () Delete
Name: COOK, JOAN B.,
Address: 10800 NW 22ND ST
City-St-Zip: PERBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES L. COOK

EVP

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date