2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 AM Secretary of State

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1. Entity Name THE EDUCATIONAL ADVANTAGE, INC.



Principal Place of Business

302 SOUTH UNIVERSITY DRIVE PLANTATION, FL 33324

302 SOUTH UNIVERSITY DRIVE PLANTATION, FL 33324



01222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0334373 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

	ERLE E IVERSITY DRIVE ION, FL 33324		DO NOT WRITE				
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	t	
SIGNATURE_	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registere	d Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000602376 01/26/07-80086-019 150.00		
10.	OFFICERS AND DIREC	CTORS	, e , i ,	The state of the state of the state of	was to a the superior of the party of		
TITLE Name Street address City-St-Zip	PV WEISS, PHYLLIS 1461 LACOSTA DRIVE EAST PEMBROKE PINES, FL 33027			tale to be a good for all good for all you be as to the own good field to be the state of the	ing and the first specific of the property of the control of the c		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MASH, MERLE 7110 VENETO DRIVE BOYNTON BEACH, FL 33437			garage and the second s	The second of th		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			14 3 3 3 4 4 5 4 5 4 5 6 5 6 6 6 6 6 6 6 6 6 6 6	ે મહું હું જે મુંઘલી કહ્યું છે. તેને જ સ્માયુલા કર્યું મહું છું છે. કહ્યું છે મામ હોંગો જ	The first of the first of the state of the s		
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12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP