



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N24220 1. Entity Name FLORIDA EDUCATION FUND, INC.	
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Principal Place of Business 201 E KENNEDY BLVD. SUITE 1525 TAMPA, FL 33602	Mailing Address 201 E KENNEDY BLVD. SUITE 1525 TAMPA, FL 33602
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2783821	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOREHOUSE, LAWRENCE  
 FLORIDA EDUCATION FUND, INC.  
 201 E. KENNEDY BLVD., SUITE 1525  
 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000779997 01/11/08-80055-019 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, ELLIOTT L 2800 59TH CIRCLE SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, ROBERT L DR 14158 FENNSBURY DRIVE TAMPA, FL 336242597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, HAYWARD J JR DR 4410 NW 67TH TERRACE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CRAWFORD, CARL M DR 2737 NW 24TH AVENUE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREHOUSE, LAWRENCE 201 E KENNEDY BLVD., SUITE 1525 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 617, 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: Lawrence Morehouse 11/7/08 813-272-2772  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lawrence Morehouse