

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000052617

Entity Name: SB EDUCATION, INC.**Current Principal Place of Business:**400 N PINE ISLAND RD SUITE 300
PLANTATION, FL 33324**Current Mailing Address:**400 N PINE ISLAND RD SUITE 300
PLANTATION, FL 33324**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DP
Name	BONWITT, GIL J
Address	400 N PINE ISLAND RD SUITE 300
City-State-Zip:	PLANTATION FL 33324

Title	DVP
Name	SCHECK, JEFFREY
Address	400 N PINE ISLAND RD SUITE 300
City-State-Zip:	PLANTATION FL 33324

Title	DVP
Name	SCHECK, MARTIN
Address	400 N PINE ISLAND RD SUITE 300
City-State-Zip:	PLANTATION FL 33324

Title	DST
Name	SCHECK, ELISE
Address	400 N PINE ISLAND RD SUITE 300
City-State-Zip:	PLANTATION FL 33324

Title	DVP
Name	SCHECK, STEVEN
Address	400 N PINE ISLAND RD SUITE 300
City-State-Zip:	PLANTATION FL 33324

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY SCHECK**PRESIDENT****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date