


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001825
 1. Entity Name
 ESYLVAN, INC.



Principal Place of Business Mailing Address
 506 S. CENTRAL AVENUE 506 S. CENTRAL AVENUE
 BALTIMORE, MD 21202 BALTIMORE, MD 21202

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 52-2257470 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAPITOL CORPORATE SERVICES, INC.
 1333 NORTH DUVAL STREET
 TALLAHASSEE, FL 32303

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	HOEHN-SARIC, CHRISTOPHER
STREET ADDRESS	506 S. CENTRAL AVENUE
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	D
NAME	GRAVES, DAVID
STREET ADDRESS	1001 FLEET ST.
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	T
NAME	SHAFFER, KEVIN
STREET ADDRESS	1001 FLEET ST.
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	P
NAME	COHEN, PETER
STREET ADDRESS	1001 FLEET STREET
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	S
NAME	BENNETT, SUSANNAH M
STREET ADDRESS	1001 FLEET ST.
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000368744
 05/31/05-80015-002 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susannah M. Bennett Susannah M. Bennett, Secretary 429-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #