

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N42498

FILED
Jan 09, 2003
Secretary of State

Entity Name: EDUCATIONAL GAMES FOR LEARNING, INC.

Current Principal Place of Business:

16081 123RD TER N
JUPITER FARMS, FL 33478

New Principal Place of Business:

Current Mailing Address:

16081 123RD TER N
JUPITER FARMS, FL 33478

New Mailing Address:

FEI Number: 65-0312671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAGAN, GALE
16081 123RD TER N
JUPITER FARMS, FL 33478

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAGAN, GALE
Address: 16081 123RD TER N
City-St-Zip: JUPITER FARMS, FL 33478

Title: VD () Delete
Name: WARREN, PATRICIA
Address: 1673 GREENBOROUGH RD
City-St-Zip: CAMILLA, GA 31730

Title: SD () Delete
Name: REID, MELVIN
Address: 16081 123RD TER N
City-St-Zip: JUPITER FARMS, FL 33478

Title: TD () Delete
Name: BENNETT, EDOTH
Address: 1505 COLQUITT AVE
City-St-Zip: ALBANY, GA 71305

Title: D () Delete
Name: WARREN, TAMARA
Address: 4161 WIND CT
City-St-Zip: NORCROSS, GA 30093

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: REID, MELVIN T
Address: 16081 123RD TER N
City-St-Zip: JUPITER FARMS, FL 33478

Title: TD (X) Change () Addition
Name: REID, DAVID J
Address: 16081 123RD TER N
City-St-Zip: JUPITER FARMS, FL 33478

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

Title: D () Change (X) Addition
Name: BENNETT, EDITH
Address: 1505 COLQUITT AVE.
City-St-Zip: ALBANY, GA 71305

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE RAGAN

PD

01/09/2003

Electronic Signature of Signing Officer or Director

Date