
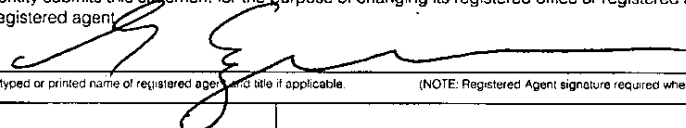
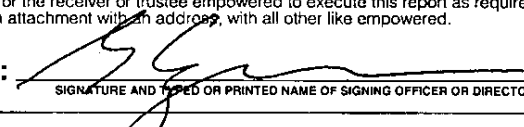


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90033 039 ***150.00

DOCUMENT # P03000152748 1. Entity Name ED. USA, INC.					
Principal Place of Business 5136 CALLE MINORGA SARASOTA, FL 34242			Mailing Address 5136 CALLE MINORGA SARASOTA, FL 34242		
2. Principal Place of Business 5026 CALLE MINORGA		3. Mailing Address 5026 CALLE MINORGA			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 32-0106172	
Zip 34242		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EZCURRA, GERARD 5136 CALLE MINORGA SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name EZCURRA, GERARD Street Address (P.O. Box Number is Not Acceptable) 5026 CALLE MINORGA City SARASOTA FL Zip Code 34242		
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:  DATE: 21 MARCH 05 <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP EZCURRA, GERALD 5136 CALLE MINORGA SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EZCURRA, GERARD 5026 CALLE MINORGA SARASOTA FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 21 MARCH 05 Daytime Phone #: 941 3491000		