2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# 716707

Entity Name: EDUCATIONAL OPPORTUNITIES, INC.

Current Principal Place of Business:

5725 IMPERIAL LAKES BLVD.
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

% ROBERT S. BOLT, ESQ.
PO BOX 3287
TAMPA, FL 336013287

New Mailing Address:

% ROBERT S. BOLT, ESQ.
PO BOX 3287
TAMPA, FL 336013287 US

FEI Number: 59-1269611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLT, ROBERT S
601 BAYSHORE BOULEVARD
SUITE 700
TAMPA, FL 33606 US

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:	CD	( ) Delete
Name:	BLACKBURN, A B JR	
Address:	1921 DEWEY PLACE	
City-St-Zip:	JACKSONVILLE, FL 32207 US	
Title:	PED	( ) Delete
Name:	DUNCAN, ROBERT J REV	
Address:	515 CANOEBROOK DR.,1479 HEMLOCK FARMS	
City-St-Zip:	HAWLEY, PA 18428 US	
Title:	ST	(X) Delete
Name:	MYERS, STEVEN W	
Address:	5725 IMPERIAL LAKES BLVD.	
City-St-Zip:	MULBERRY, FL 33860 US	
Title:	D	( ) Delete
Name:	GROVE, WILLIAM B BSHP	
Address:	109 MCDAVID LANE	
City-St-Zip:	CHARLESTON, WV 25311 US	
Title:	D	( ) Delete
Name:	KNOX, JAMES L BSHP	
Address:	6848 15TH STREET	
City-St-Zip:	ST. PETERSBURG, FL 33705 US	
Title:	D	( ) Delete
Name:	MORGAN, ROBERT C BSHP	
Address:	1295 MALIBU AVENUE	
City-St-Zip:	BIRMINGHAM, AL 35216 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	STD	(X) Change ( ) Addition
Name:	BLACKBURN, A B JR	
Address:	1921 DEWEY PLACE	
City-St-Zip:	JACKSONVILLE, FL 32207 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: ROBERT J. DUNCAN P 04/13/2004

Electronic Signature of Signing Officer or Director — Date