

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000670

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: CAREER EDUCATION AND TRAINING ASSOCIATES, INC.

## Current Principal Place of Business:

5380 NORTH OCEAN DR., 6D  
WEST PALM BEACH, FL 33404

## New Principal Place of Business:

## Current Mailing Address:

5380 NORTH OCEAN DR., 6D  
WEST PALM BEACH, FL 33404

## New Mailing Address:

FEI Number: 31-1291125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRUER, GARRT  
5380 NORTH OCEAN DR 6D  
WEST PALM BEACH, FL 33404 US

## Name and Address of New Registered Agent:

DRIER, HARRY  
5380 NORTH OCEAN DR 6D  
WEST PALM BEACH, FL 33404 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: HARRY DRIER

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DRIER, HARRY  
Address: 5380 NORTH OCEAN DR., 6D  
City-St-Zip: WEST PALM BEACH, FL

Title: S ( ) Delete  
Name: DRIER, LYNNE  
Address: 5380 NORTH OCEAN DR., 6D  
City-St-Zip: WEST PALM BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: DRIER, HARRY  
Address: 5380 NORTH OCEAN DR., 6D  
City-St-Zip: WEST PALM BEACH, FL 33404

Title: SECT (X) Change ( ) Addition  
Name: DRIER, LYNNE  
Address: 5380 NORTH OCEAN DR., 6D  
City-St-Zip: WEST PALM BEACH, FL 33404

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY N DRIER

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date