

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001286

FILED
Apr 05, 2004
Secretary of State

Entity Name: ILLIANA EDUCATIONAL PRODUCTS INC.

Current Principal Place of Business:

10404 SWIFTSAIL LANE
INDIANAPOLIS, IN 46256

New Principal Place of Business:

Current Mailing Address:

10404 SWIFTSAIL LANE
INDIANAPOLIS, IN 46256

New Mailing Address:

FEI Number: 35-1968802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JULIE
1929 LAKE FOREST LANE
ORANGE PARK, FL 32003 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASON, MEREDITH M
Address: 10404 SWIFTSAIL LANE
City-St-Zip: INDIANAPOLIS, IN 46256

Title: VPST () Delete
Name: MASON, THOMAS E
Address: 10404 SWIFTSAIL LANE
City-St-Zip: INDIANAPOLIS, IN 46256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MEREDITH M. MASON

PRES

04/05/2004

Electronic Signature of Signing Officer or Director

Date