


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90015 008 ***150.00

DOCUMENT # F03000006279		
1. Entity Name MOSAICA EDUCATION, INC.		

Principal Place of Business 61 BROADWAY, STE 2924 NEW YORK, NY 10006	Mailing Address 61 BROADWAY, STE 2924 NEW YORK, NY 10006
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08022004 Chg-P CR2E034 (10/03)	
4. FEI Number 91-1759215	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EIDELMAN, DAWN	NAME	ROBERT HURWICH		
STREET ADDRESS	61 BROADWAY, STE 2924	STREET ADDRESS	61 BROADWAY, STE 2924		
CITY-ST-ZIP	NEW YORK, NY 10006	CITY-ST-ZIP	NEW YORK, NY 10006		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURPHY, JOHN	NAME			
STREET ADDRESS	61 BROADWAY, STE 2924	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10006	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARNER, JOHN	NAME			
STREET ADDRESS	61 BROADWAY, STE 2924	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10006	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNELLY, MICHAEL	NAME			
STREET ADDRESS	61 BROADWAY, STE 2924	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10006	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLIFFORD, STEVE	NAME			
STREET ADDRESS	61 BROADWAY, STE 2924	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10006	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEANE, TOM	NAME			
STREET ADDRESS	61 BROADWAY, STE 2924	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10006	CITY-ST-ZIP			

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: <i>Robert Hurwich</i>	8/3/04 (312) 422-0305 X120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	