

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006339

FILED
Aug 16, 2004
Secretary of State

Entity Name: EDUCATION ENROLLMENT SERVICES, INC.

Current Principal Place of Business:

C/O EDVERIFY, INC.
2240 W WOOLBRIGHT RD, STE 347
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

C/O EDVERIFY, INC.
2240 W WOOLBRIGHT RD, STE 347
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 20-0843602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: MOORE, JUDITH
Address: 300 TALBOT ST
City-St-Zip: EASTON, MD 21601

Title: D (X) Delete
Name: MCGEE, LEE
Address: 1001 FLEET ST
City-St-Zip: BALTIMORE, MD 21201

Title: D () Delete
Name: ANASTASIO, ERNIE
Address: 248 PENNINGTON ROCKY HILL RD
City-St-Zip: PENNINGTON, NJ 08534

Title: D () Delete
Name: BROIDA, EDWARD
Address: 41 KOSHARI
City-St-Zip: SANTA FE, NM 87501

Title: D () Delete
Name: PURO, NICK
Address: 300 TICE BLVD
City-St-Zip: WOOLDCLIFF LAKE, NJ 07677

Title: D () Delete
Name: SULLIVAN, JERRY
Address: ONE DUPONT CIR NW, STE 520
City-St-Zip: WASHINGTON, DC 20036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PETRUCCI, MICHAEL J
Address: 2240 WOOLBRIGHT ROAD SUITE 347
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLACKMON, MYRON
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

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

SIGNATURE: MICHAEL J PETRUCCI

DP

08/16/2004

Electronic Signature of Signing Officer or Director

_____ Date