


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000341	
1. Entity Name NEW CENTURY EDUCATION CORPORATION	

Principal Place of Business 220 OLD NEW BRUNSWICK ROAD PISCATAWAY, NJ 08854	Mailing Address 220 OLD NEW BRUNSWICK ROAD PISCATAWAY, NJ 08854
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2767372	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 NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRANDHORST, KAREN 800 S. PACIFIC COAST HIGHWAY #8, PMB #421 REDONDO BEACH, CA 902774778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRIFFIN, JAMES I 220 OLD NEW BUNSWICK ROAD PISCATAWAY, NJ 08854
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CONNELLY, MICHAEL J 61 BROADWAY, SUITE 2924 NEW YORK, NY 10006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LETACONNOUX, FRANCOIS 1675 BROADWAY, 16TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/07/05-80074-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05
Date

732 981 5566
Daytime Phone #