


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000001899</b>	
1. Entity Name NOBEL EDUCATION DYNAMICS FLORIDA, INC.	

Principal Place of Business 1615 WEST CHESTER PIKE SUITE 200 WEST CHESTER, PA 19382-7956	Mailing Address 1615 WEST CHESTER PIKE SUITE 200 WEST CHESTER, PA 19382-7956
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**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2991279	Applied For 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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000121158 04/20/04-80039-009 200.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BERNSTIEN, GEORGE H 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEANGELO, YVONNE 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS BAILEY, WILLIAM 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HERMAN, KATHY E 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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: Yvonne DeAngelo 3/4/04 (484) 947-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #