2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F99000001899

Entity Name

NOBEL EDUCATION DYNAMICS FLORIDA, INC.



Principal Place of Business

1615 WEST CHESTER PIKE

TOTS WEST CHESTER PIK SUITE 200

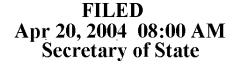
WEST CHESTER, PA 19382-7956

Mailing Address

1615 WEST CHESTER PIKE

SUITE 200

WEST CHESTER, PA 19382-7956





03032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 23-2991279

Applied For Not Applicable

5. Certificate of Status Desired

\$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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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 little if	f applicable. (NOTE: Registered Age	nt signaturo	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	, 	\$5.00 May Be Added to Fees	U00000121158 04/20/04-80039-003 200.00	
10.	OFFICERS AND DIREC	TORS				
WITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	C BERNSTIEN, GEORGE H 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956 ST DEANGELO, YVONNE					
CITY-ST-ZIP TIFLE NAME	1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956 VPAS BAILEY, WILLIAM					
STREET ADDRESS CITY+ST-ZIP	1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZP	AS HERMAN, KATHY E 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956			IN THIS SPACE		
TITLE NAME STREET ADDRESS CUTY-ST-789		,,				

12. I hereby certify that the information supplied with this filling 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 curporation 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 (484) 947-200