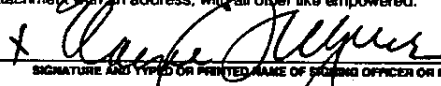


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

07-12-2004 90033 009 ***150.00

DOCUMENT # M33505			
1. Entity Name EDUCATIONAL RESOURCE CENTERS OF AMERICA, INC.			
Principal Place of Business 315 MIZNER BOULEVARD SUITE 203 BOCA RATON, FL 33432 US		Mailing Address 315 MIZNER BOULEVARD SUITE 203 BOCA RATON, FL 33432 US	
2. Principal Place of Business 7489 CAMPO FLUJIDO		3. Mailing Address 7489 CAMPO FLUJIDO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33433	Country PALM BEACH	Zip 33433	Country PALM BEACH
6. Name and Address of Current Registered Agent WYNER, ELAINE 315 MIZNER BOULEVARD SUITE 203 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7489 CAMPO FLUJIDO City BOCA RATON, FL Zip Code 33433	
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: _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNER, ELAINE 6029 GLENDALE DRIVE BOCA RATON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7489 CAMPO FLUJIDO BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 7/8/04 (Sbr) 477-5330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

00436333



07082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2798722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

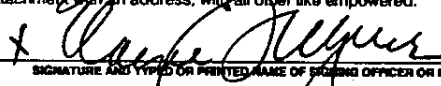
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNER, ELAINE 6029 GLENDALE DRIVE BOCA RATON, FL ☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7489 CAMPO FLUJIDO BOCA RATON, FL 33433
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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: 

Date: **7/8/04** (Sbr) 477-5330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Attachment

66432333



Division of Corporations

Annual Report

Page 1

Document Number

M33505

Business Entity Name

EDUCATIONAL RESOURCE CENTERS OF AMERICA, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number 592798722
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address 7489 CAMPO FLORIDO
Suite, Apt. #, etc.
City, State BOCA RATON, FL
Zip Code & Country 33433 US

Mailing Address

Address 7489 CAMPO FLORIDO
Suite, Apt. #, etc.
City, State BOCA RATON, FL
Zip Code & Country 33433 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)
-or- RA Business Name WYNER, ELAINE
Address 7489 CAMPO FLORIDO
Suite, Apt. #, etc.
City, State BOCA RATON, FL
Zip Code & Country 33433 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a