2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N00000000489

Entity Name: LE'AZON TECHNOLOGY INSTITUTE, INCORPORATED

Current Principal Place of Business:

110 E GRAPEFRUIT CIRCLE
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

110 E GRAPEFRUIT CIRCLE
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 59-3620207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, LARON
110 E GRAPEFRUIT CIRCLE
CLEARWATER, FL 33759

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

OFFICERS AND DIRECTORS:

Title: PCED ( ) Delete
Name: BARBER, LARON
Address: 110 E. GRAPEFRUIT CIRCLE
City-St-Zip: CLEARWATER, FL 33759

Title: CD ( ) Delete
Name: JOHNSON, PERRY
Address: 7006 SUMMERBRIDGE DRIVE
City-St-Zip: TAMPA, FL 33634

Title: SDT ( ) Delete
Name: RYANS, PAT
Address: 1407 GULF STREAM CIR. #204
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: LARON BARBER PCED 04/27/2004

Electronic Signature of Signing Officer or Director — Date