2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003356

Entity Name: C2T2 EDUCATIONAL SYSTEMS, INC.

FILED Apr 08, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

200 TOMOKA AVE. 425 N. CLYDE MORRIS BLVD.

SUITE A SUITE B

ORMOND BEACH, FL 32174 DAYTONA BEACH, FL 32114

Current Mailing Address: New Mailing Address:

200 TOMOKA AVE. 425 N. CLYDE MORRIS BLVD. SUITE A SUITE B

ORMOND BEACH, FL 32174 DAYTONA BEACH, FL 32114

FEI Number: 59-3723699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JACKSON, DOUGLAS K JACKSON, DOUGLAS K 200 TOMOKA AVE. 425 N. CLYDE MORRIS BLVD. SUITE A SUITE B

ORMOND BEACH, FL 32174 US DAYTONA BEACH, FL 32114 US

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: DOUGLAS K JACKSON 04/08/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

JACKSON, DOUGLAS K JACKSON, DOUGLAS K Name: Name: 200 TOMOKA AVE., SUITE A Address: 425 N. CLYDE MORRIS BLVD., SUITE B Address:

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: DAYTONA BEACH, FL 32114

(X) Change () Addition Title: CFOT () Delete Title:

ROOKS, DAVID R Name: ROOKS, DAVID R Name:

Address: 200 TOMOKA AVE., SUITE A Address: 425 N. CLYDE MORRIS BLVD., SUITE B

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete Title: (X) Change () Addition DOWNS, ROBERT Name: DOWNS, ROBERT Name:

200 TOMOKA AVE., SUITE A 425 N. CLYDE MORRIS BLVD., SUITE B Address: Address:

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete Title: () Change () Addition

Name: COHEN, KAREN Name: Address: 9 CLIFF ROAD Address: City-St-Zip: WESTON, MA 02493 City-St-Zip:

Title: () Delete Title: () Change () Addition

MIRRIELESS, JIM Name: Name: 2175 N. PIERCE ST. Address: Address: City-St-Zip: ARLINGTON, VA 22209 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: DOUGLAS K JACKSON Ρ 04/08/2005