


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000007967</b>					
<b>1. Entity Name</b> TOMOKA LEARNING TREE, INC.					
<b>Principal Place of Business</b> 1151 WEST GRANADA BLVD. ORMOND BEACH, FL 32174			<b>Mailing Address</b> 1151 WEST GRANADA BLVD. ORMOND BEACH, FL 32174		
<b>2. Principal Place of Business</b> 1151 W. Granada Blvd Suite, Apt. #, etc.			<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.		
<b>City &amp; State</b> ORMOND Bch FL		<b>City &amp; State</b> ORMOND Bch FL		<b>4. FEI Number</b> 59-3759338	
<b>Zip</b> 32174		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PUTTING, JOE 1151 WEST GRANADA BLVD. ORMOND BEACH, FL 32174			<b>7. Name and Address of New Registered Agent</b> Name: <u>Kerce, Dave</u> Street Address (P.O. Box Number is Not Acceptable): <u>1151 West Granada Blvd.</u> <u>210 S. BEACH ST. # 200</u> City: <u>Ormond Beach</u> <b>FL</b> <u>32174</u>		
<b>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.</b> SIGNATURE: <u>Joseph A. Putting</u> <span style="float: right;">10/12/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAINE, CLIFF		NAME	Marshall, Edward	
STREET ADDRESS	1151 WEST GRANADA BLVD.		STREET ADDRESS	1151 W. Granada Blvd. / 35 Brookwood Dr.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Bch FL 32174	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, DOUG		NAME		
STREET ADDRESS	1151 WEST GRANADA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTTING, JOE		NAME	DAVIDSON JUDY	
STREET ADDRESS	1151 WEST GRANADA BLVD.		STREET ADDRESS	1151 W. Granada Blvd / 33 S. ST. ANDREWS DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Bch FL 32174	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KERCE, DAVE	
STREET ADDRESS			STREET ADDRESS	2127 John Anderson Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Ormond Bch FL 32174	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <u>Edward J. Marshall</u>			Date: <u>10/12/04</u> 386-677-6455		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09302004 Chg-NP CR2E037 (10/03)

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Applied For  
Not Applicable

10/12/04

*Handwritten signature/initials*