

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008031

FILED
Apr 29, 2004
Secretary of State

Entity Name: EDUCATION PAYS MORE, INC.

Current Principal Place of Business:

4325 W SUNRISE BLVD
PLANTATION, FL 33313

New Principal Place of Business:

3500 N. STATE RD. 7
SUITE 479
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4325 W SUNRISE BLVD
PLANTATION, FL 33313

New Mailing Address:

3500 N. STATE RD. 7
SUITE 479
LAUDERDALE LAKES, FL 33319

FEI Number: 75-3153709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, GEORGIA D.N.
4325 W SUNRISE BLVD
PLANTATION, FL 33313

Name and Address of New Registered Agent:

ROBINSON, GEORGIA D.N.
3500 N. STATE RD. 7
SUITE 499
LAUDERDALE LAKES, FL 33319

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:

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBINSON, GEORGIA D.N.
Address: 4325 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: DS () Delete
Name: SAVAIN, ROGER
Address: 100 NW 76 AVE, 306-2
City-St-Zip: PLANTATION, FL 33324

Title: DT () Delete
Name: WILLIAMS, DONALD
Address: 2830 NW 8 CT
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROBINSON, GEORGIA D.N.
Address: 3500 N. STATE RD. 7
City-St-Zip: SUITE 499, FL 33319

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: GEORGIA ROBINSON

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date