

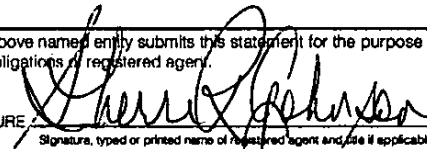
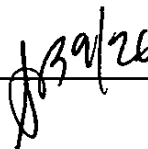


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000008307</b> 1. Entity Name <b>COSMOPOLITAN EDUCATION CENTER, INC.</b>						<b>FILED</b> <b>05 SEP 23 PM 12:34</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3003 NW 207TH ST.          MIAMI GARDENS, FL 33056</b>				Mailing Address <b>P. O. BOX 3555          HOLLYWOOD, FL 33083</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>20-1563747</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
YATES, CHRISTINE P 110 SE 6TH ST., 15TH FLOOR FT. LAUDERDALE, FL 33301				Name <b>RANSOM, SHERRI</b> Street Address (P.O. Box Number is Not Acceptable) <b>20515 N.W. 28TH AVENUE</b> City <b>MIAMI GARDENS FL</b> Zip Code <b>33056</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.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE <b>9/21/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOUGLAS, LEO			NAME	<b>200060048142</b>		
STREET ADDRESS	2412 CENTER GATE DR.			STREET ADDRESS	<b>09/28/05--01050--013</b>		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	<b>**61.25</b>		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADDERLY, CHARLES			NAME			
STREET ADDRESS	5394 SW 21ST ST.			STREET ADDRESS			
CITY-ST-ZIP	W. HOLLYWOOD, FL 33023			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADDERLY, GURTHA			NAME			
STREET ADDRESS	5394 SW 21ST ST.			STREET ADDRESS			
CITY-ST-ZIP	W. HOLLYWOOD, FL 33023			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, LARRY			NAME			
STREET ADDRESS	20101 NW 14TH CT.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI GARDENS, FL 33169			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
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.							
SIGNATURE: <b>Charles Adderley</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>				Date <b>9-16-05</b> Daytime Phone # <b>(305) 624-0657</b>			