## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N42498

FILED Jan 09, 2003 Secretary of State

Entity Name: EDUCATIONAL GAMES FOR LEARNING, INC.

Current Pr	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
16081 123F JUPITER F	RD TER N FARMS, FL 3	3478				
Current Mailing Address:			New Maili	New Mailing Address:		
16081 123F JUPITER F	RD TER N FARMS, FL 3	3478				
FEI Number:	65-0312671	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Address o	of New Registered Agent:	
RAGAN, G 16081 123F JUPITER F		3478				
	named entity of Florida.	submits this statement for the pu	urpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RAGAN, GALE 16081 123RD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WARREN, PA	BOROUGH RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name:	REID, MELVIN 16081 123RD JUPITER FAR	TER N MS, FL 33478 ) Delete	Title: Name: Address: City-St-Zip: Title: Name:	SD REID, MELV 16081 123R JUPITER FA TD REID, DAVII	RD TER N ARMS, FL 33478 (X) Change ()Addition	
Address: City-St-Zip:	1505 COLQUI ALBANY, GA		Address: City-St-Zip:	16081 123R JUPITER FA	RD TER N ARMS, FL 33478	
Title: Name: Address: City-St-Zip:	D ( WARREN, TAI 4161 WIND C NORCROSS,	Т	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D BENNETT, E 1505 COLQ ALBANY, GA	UITT AVE.	

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: GALE RAGAN PD 01/09/2003