


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002011
 1. Entity Name
FLORIDA EDUCATIONAL TECHNOLOGY CORPORATION



Principal Place of Business Mailing Address
 1910 BUFORD BLVD POST OFFICE BOX 13468
 7 TALLAHASSEE, FL 32317-468 US
 TALLAHASSEE, FL 32308 US

DO NOT WRITE IN THIS SPACE


 01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3388610 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EASON, D. MICHAEL
 704 DUPARC CIRCLE
 TALLAHASSEE, FL 32312

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EASON, D M
STREET ADDRESS	704 DUPARC CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	P
NAME	NANNS, LARRY
STREET ADDRESS	3993 E 21ST ST
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	VP
NAME	CURRY, BRIAN
STREET ADDRESS	4202 E. FOWLER AVE, DAC 101
CITY-ST-ZIP	TAMPA, FL 33620
TITLE	TD
NAME	ORTEGA, JORGE
STREET ADDRESS	2757 W. PENSACOLA ST
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	SD
NAME	FREEMAN, LOUISE
STREET ADDRESS	5143 ICICLE HILL
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/10/05-80008-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Eason 2-7-05 219-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #