

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001581

FILED
May 04, 2004
Secretary of State**Entity Name:** VIRTUAL EDUCATION, INC.**Current Principal Place of Business:**400 GOLF BROOK CIR.
104
LONGWOOD, FL 32779**New Principal Place of Business:****Current Mailing Address:**400 GOLF BROOK CIR.
104
LONGWOOD, FL 32779**New Mailing Address:****FEI Number:** 59-3507779**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBINSON, MICHELLE
MICHELLE ROBINSON
400 GOLF BROOK CIRCLE #104
LONGWOOD, FL 32779**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ROBINSON, MICHELLE
Address: 400 GOLF BROOK CIR 104
City-St-Zip: LONGWOOD, FL 32779**Title:** D () Delete
Name: SLIDER, ROBERT
Address: 400 GOLF BROOK CIR 104
City-St-Zip: LONGWOOD, FL 32779**Title:** D (X) Delete
Name: ILES, WILLIAM
Address: 112 DURHAM PLACE
City-St-Zip: LONGWOOD, FL 32779**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: MICHELLE ROBINSON

PD

05/04/2004

Electronic Signature of Signing Officer or Director

Date