

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000005374

1. Entity Name
EDUTAINMENT, INC.



Principal Place of Business
**10623 ASHFORD OAKS DR
TAMPA, FL 33625**

Mailing Address
**10623 ASHFORD OAKS DR
TAMPA, FL 33625**



DO NOT WRITE IN THIS SPACE

06062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3698546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FUETTERE, LANNY
10623 ASHFORD OAKS DR.
TAMPA, FL 33625**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FUETTERE, LANNY
STREET ADDRESS	10623 ASHFORD OAKS DR
CITY-ST-ZIP	TAMPA, FL 33625

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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06/09/05-80001-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-6-05