


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90220 029 \*\*\*150.00

<b>DOCUMENT # P00000109266</b>	
1. Entity Name <b>AUDIO ED. INTERNATIONAL, INC.</b>	

Principal Place of Business <b>4000 NORTH STATE ROAD 7 SUITE 401 LAUDERDALE LAKES, FL 33319</b>	Mailing Address <b>4000 NORTH STATE ROAD 7 SUITE 401 LAUDERDALE LAKES, FL 33319</b>
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**94073972**



2. Principal Place of Business Suite, Apt. #, etc. <b>1328 W. 7th Street</b>	3. Mailing Address Suite, Apt. #, etc. <b>1328 W. 7th Street</b>
City & State <b>RIVIERA BEACH FL</b>	City & State <b>RIVIERA BEACH FL</b>
Zip <b>33404</b>	Country <b>Palm Beach</b>

04262004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1056681</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>REECE, CARL 2465 SW 132 TERRACE HOLLYWOOD, FL 33027</b>	7. Name and Address of New Registered Agent Name <b>REECE CARL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1328 W. 7th Street</b> City <b>Riviera Beach</b> FL Zip Code <b>33404</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REECE, CARL 2230 NW 22ND STREET FT. LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1328 W. 7th St. Riviera Beach FL 33404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POSD REECE, CARL 2465 SW 132 TERRACE HOLLYWOOD, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1328 W. 7th St. Riviera Beach FL 33404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 	<b>CARL REECE</b>	Date <b>April 25, 2004</b>	Daytime Phone # <b>561 941-3968</b>
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