2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM Secretary of State

	ANNUAL I	REPORT		Mar 21, 2	ary of State
DOCU	MENT # P010000425	66		Secret	ary of State
1. Entity Nar	me NALIZED EDUCATIONAL SER'	VICES INC			
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Principal Place of Business Mailing Address		•	<u>,</u>		
		4517 PALMRIDGE BLVD #260			
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L.	O NO! WHILE!	IN THIS SPA	Λ <u>Ε</u> .	4. FEI Number 65-1095496	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional
.,	6. Name and Address of Current Reg	Istered Apont		3. Certificate of Status Desired	Fee Required
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CHARLIP, BARTON 4517 PALMRIDGE DRIVE				DO NOT WRIT	E
DELRAY BEACH, FL 33445				IN THIS SPAC	F
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8. The above	a named entity submits this statement for the	nurnose of changing its register	ad office or register	red agent, or both, in the State of Florida. La	m familiar with and gaseet
the obliga	tions of registered agent.	parpoor of offeriging no register.		eo agont, or both, in the otate of Horida. Tal	m lamiliai with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and til		·· -		· · · · · · · · · · · · · · · · · · ·
	alignatura, typed or printed name or registered agent and til	is if applicable. [ND LE: Hegistere	d Agent signature required	when reinstating) DATE	· .
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			·	.00 May Be ed to Fees	
10.	OFFICERS AND DIR	ECTORS			
TITLE NAME	D CHARLIP, BARTON				
STREET ADDRESS	4517 PALMRIDGE DRIVE			4.5.	
CITY ST-ZIP	DELRAY BEACH, FL 33445		Strater c	U0000027123 03/21/05-80041	7 COC 150 00
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CITY-ST-ZIP		p	272. 7		
TITLE NAME					
STREET ADDRESS					

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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CITY - ST - ZIP

3/14/05

561-330-7749 Daytime Phone #