


FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 015 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000004624

1. Entity Name
 SOCRATIC ARTS, INC.



Principal Place of Business
 FLORIDA
 166 EVERGLADE AVE
 PALM BEACH, FL 33480

Mailing Address
 166 EVERGLADE AVE
 PALM BEACH, FL 33480

40006036



2. Principal Place of Business
 3784 S.E. Old St. Lucie Blvd
 Suite, Apt. #, etc.

3. Mailing Address
 3784 S.E. Old St. Lucie Blvd
 Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State
 Stuart FL

City & State
 Stuart FL

Zip
 34996

Country
 USA

Zip
 34996

Country
 USA

4. FEI Number
 02-0537618

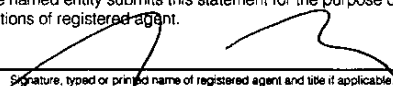
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KLEIN, STUART B ESQ
 1551 FORUM PLACE STE 400B
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name Roger Schank
 Street Address P.O. Box Number is Not Acceptable
 3784 S.E. Old St. Lucie Blvd.
 City Stuart FL Zip Code 34996

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 1/21/05

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHANK, ROGER C	
STREET ADDRESS	166 EVERGLADE AVE	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger C. Schank	
STREET ADDRESS	3784 S.E. Old St. Lucie Blvd.	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE 1/21/05 DAYTIME PHONE 772-287-5898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR