2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000066030

1. Entity Name
E-LITERATE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
12612 NW 7TH STREET	12612 NW 7TH STREET
CORAL SPRINGS, FL 33071 US	CORAL SPRINGS, FL 33071 US

DO NOT WRITE IN THIS SPACE

03242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3691278	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHATZKAMER, TINA
12612 NW 7TH STREET
CORAL SPRINGS, FL 33071

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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 ___Tina Shatzkamer~ President___   ___3/29/05___
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
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SHATZKAMER, TINA E
STREET ADDRESS	12612 NW 7TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VSD
NAME	SHATZKAMER, JASON
STREET ADDRESS	12612 NW 7TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/05-80017-005 150.00

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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: ___Tina Shatzkamer~ President 3/29/05___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #