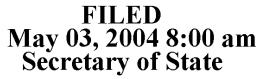
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)



DOCUMENT # P02000107852 1. Entity Name EDUCATORS SCHOOL EQUIPMENT, INC.				Secretary of State 05-03-2004 90695 031 ***158.75			
Principal Place	of Business	Mailing Address		-			
9400 7TH ST UNIT A-1 RANCHO CUCAMONGA CA 91730		9400 7TH ST UNIT A-1 RANCHO CUCAMONGA CA 91730		F YERMÂRE YE EERYE WEN' BENN BANN BANN NEW BRIN IONEN IONEN BRIN 1888 FRIEDREN			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)			
City & State		City & State		4. FEI Number 30-0173300 Applied For Not Applicable			
Zip	Country	Zip .	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent			
PAR	ACORP INCORPORATED	•	-				
236 E 6TH AVE TALLAHASSEE FL 32303			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
ZALE NAME	PD ROGERS, KENT	Delete	TITLE	☐ Change ☐ Addition			
NAME STREET ADDRESS CITY-ST-ZIP	9400 7TH ST UNIT A-1 RANCHO CUCAMONGA CA 917	30	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	·•	,	NAME				
STREET AODRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE NAME	Change Addition			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · ·			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	Change Addition			
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition			
NAME		C Ocicie	NAME	Li Alumini			
STREET ADDRESS		•	STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
12. Thereby	certify that the information supplied w	ith this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information			

indicated on this report or supplied with this prince 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: 1	- Hotel		- KENT -ROGERS
		OR PRINCIPO NAME OF SIGNING	OFFICER OR DIRECTOR

4/27/04

(909)483-1278

Daytime Phone #