


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90497 038 ***150.00

DOCUMENT # P03000029571	
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1. Entity Name
ABSITE REVIEW COURSE, INC.

Principal Place of Business
**653 WEST 8TH STREET
JACKSONVILLE, FL 32209**

Mailing Address
**653 WEST 8TH STREET
JACKSONVILLE, FL 32209**



03232004 Chg-P CF2E034 (10/03)

2. Principal Place of Business
653 West 8th St.

3. Mailing Address
653 West 8th St.

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
900114885

Applied For
☐ Not Applicable

Zip
32209

Country
D

Zip
32209

Country
D

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

6. Name and Address of Current Registered Agent

**MASTERS, PAMELA R
648 OCEAN SHORE BOULEVARD
ORMOND BEACH, FL 32176**

7. Name and Address of New Registered Agent

Name **James W Dennis**
Street Address (P.O. Box Number is Not Acceptable)
10649 Quail Ridge Dr.
City **St. Augustine, FL** Zip Code **32095**

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

James W. Dennis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-DIRECTOR JAMES W. DENNIS M.O. 10649 QUAIL RIDGE DR ST. AUGUSTINE, FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-DIRECTOR SACAN NASTBI M.O. 1132 S. SALT AIR AVE #303 LOS ANGELES CA 90025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-DIRECTOR ANAND MAHMOUD M.O. 6473 PINE MOUND ORCH STOCKTON, CA 95219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

James W. Dennis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DENNIS

Date

Daytime Phone #

4/19/04

(904) 2443925