


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90018 030 ***550.00

DOCUMENT # P03000090096	
1. Entity Name INVESTING IN EDUCATION INC	

Principal Place of Business 306 E BULLARD PKWY SUITE B TEMPLE TERRACE, FL 33617	Mailing Address 306 E BULLARD PKWY SUITE B TEMPLE TERRACE, FL 33617
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54069571



2. Principal Place of Business 1218 N. Riverhills Dr Suite, Apt. #, etc.	3. Mailing Address 1218 N. Riverhills Dr Suite, Apt. #, etc.
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08162004 Chg-P CR2E034 (10/03)

City & State Tampa FL	City & State Tampa, FL	4. FEI Number 16-1681079	Applied For <input type="checkbox"/> Not Applicable
Zip 33617	Country USA	Zip 33617	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALEH, MAGDA 8408 RIVER MONT WAY TEMPLE TERRACE, FL 33737 1218 N. Riverhills Dr Tampa, FL 33617	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALEH, MAGDA 8408 RIVER MONT WAY TEMPLE TERRACE, FL 33617 1218 N. Riverhills Dr Tampa 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Magda Saleh **Magda Saleh** **8/16/04** **813-493-3035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #