

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122896

FILED
Jan 26, 2004
Secretary of State

Entity Name: THE ABSOLUTE CLASSROOM, INC.

Current Principal Place of Business:

9043 TOWER PINE DRIVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

PO BOX 784292
WINTER GARDEN, FL 34778 US

New Mailing Address:

FEI Number: 06-1712604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANZIG MILLER, HEIDI
9043 TOWER PINE DRIVE
WINTER GARDEN, FL 34778 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANZIG MILLER, HEIDI
Address: PO BOX 784292
City-St-Zip: WINTER GARDEN, FL 34778 US

Title: VP () Delete
Name: MILLER, CHARLES H JR
Address: PO BOX 784292
City-St-Zip: WINTER GARDEN, FL 34778 US

Title: S () Delete
Name: MILLER, CHARLES H JR
Address: PO BOX 784292
City-St-Zip: WINTER GARDEN, FL 34778 US

Title: T () Delete
Name: MILLER, CHARLES H JR
Address: PO BOX 784292
City-St-Zip: WINTER GARDEN, FL 34778 US

Title: VP () Delete
Name: YOUNG, BETH
Address: PO BOX 784292
City-St-Zip: WINTER GARDEN, FL 34778 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI DANZIG MILLER

P

01/26/2004

Electronic Signature of Signing Officer or Director

_____ Date