

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90035 003 \*\*\*158.75

<b>DOCUMENT # P04000127782</b> 1. Entity Name <b>EDU MANAGEMENT SERVICES, INC.</b>			
Principal Place of Business <b>3425 GRAND CYPRESS NO. 202 NAPLES, FL 34119</b>		Mailing Address <b>3425 GRAND CYPRESS NO. 202 NAPLES, FL 34119</b>	
2. Principal Place of Business <b>4249 FLAMINGO BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>4249 FLAMINGO BLVD</b> Suite, Apt. #, etc.	
City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33948</b>		City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33948</b>	
4. FEI Number <b>20-1594248</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WOLF, CARL 3425 GRAND CYPRESS NO. 202 NAPLES, FL 34119</b>		7. Name and Address of New Registered Agent Name <b>WES HENRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4249 FLAMINGO BLVD</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33948</b>	
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 <u>WES HENRY</u> <span style="float: right;">1/26/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>HENRY, WES</b> STREET ADDRESS <b>3425 GRAND CYPRESS, NO. 202</b> CITY-ST-ZIP <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SEC</b> NAME <b>HENRY, JOY</b> STREET ADDRESS <b>3425 GRAND CYPRESS, NO. 202</b> CITY-ST-ZIP <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>WES HENRY</u> <span style="float: right;">1/26/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/26/05</b>	
Daytime Phone # <b>764-0551</b>			