


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90509 001 ***600.00

DOCUMENT # P06000062908	
1. Entity Name EDUTECH ACQUISITION CORP.	

Principal Place of Business C/O FLORIDA CAREER COLLEGE 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	Mailing Address C/O FLORIDA CAREER COLLEGE 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04302008 Chg-P CR2E034 (12/06)

5. Name and Address of Current Registered Agent	
KNOBEL, DAVID 3383 N STATE RD 7 LAUDERDALE LAKES, FL 33319	

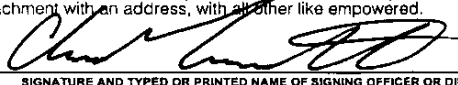
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOBEL, DAVID C/O 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, DIRECTOR, CHAIRMAN DAVID KNOBEL 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID ADAMS 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete ADDITION <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PETER MITCHELL 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TRAVIS RHODES 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete ADDITION <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO PEDRO DE GUZMAN 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, SECRETARY CHRIS GRESSETT 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT NIEHAUS 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEVIN BOUSQUETTE 3383 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/30/08 954-535-8654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Chris Gressett