2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30493

FILED Apr 29, 2005 Secretary of State

Entity Name: WORLD EDUCATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	SWORTH STR MA 02210	EET		
Current Mailing Address:			New Mailing Address:	
	SWORTH STR MA 02210	EET		
FEI Number	: 13-1804349	FEI Number Applied For (FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Ager	: Name and Address of New Registered Agent:	
28605 SW	TONE, JON / 172 ST EAD, FL 33030) US		
	e named entity s e of Florida.	submits this statement for	he purpose of changing its registered office or registered agent, or both,	
SIGNATUI	RE:			
	Electror	nic Signature of Registere	Agent Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P/D () LAMSTEIN, JOI 44 FARNSWOF BOSTON, MA (RTH STREET	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S/D () FOLTZ, WILLIA 43 LINCOLN S ¹ NEW HAVEN, C	TREET	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () COLLETTA, NA 44 FARNSWOF BOSTON, MA		Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () GOLDBERG, L 44 FARNSWOF BOSTON, MA (RTH STREET	Title: CFO (X) Change () Addition Name: CLARK, JANICE Address: 44 FARNSWORTH STREET City-St-Zip: BOSTON, MA 02210	
Title: Name: Address: City-St-Zip:	C () TROUT, CHARI 44 FARNSWOF BOSTON, MA (RTH STREET	Title: () Change () Addition Name: Address: City-St-Zip:	
	T/D ()) Delete	Title: () Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE CLARK CFO 04/29/2005