


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000001858	
1. Entity Name EDUTEK EDUCATION SOLUTIONS, INC.	

Principal Place of Business 170 TOWNE LAKE PKWY WOODSTOCK, GA 30188 US	Mailing Address 170 TOWNE LAKE PKWY WOODSTOCK, GA 30188 US
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1558718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALZMAN, ANTHONY 500 E. UNIVERSITY AVE., STE A GAINESVILLE, FL 32601	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reestablishing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, HARRY O 170 TOWNE LAKE PKWY WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, PHILIP 170 TOWNE LAKE PKWY WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, LYNNETH B 170 TOWNE LAKE PKWY WOODSTOCK, GA 30188
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/05-80027-023-150.00

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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: Lynneeth B. Slaughter, Lynneeth B. Slaughter 3/31/05 800-2146754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #