2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000097697

Entity Name
 TELE-ED COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

1907 POINSETTIA AVENUE TAMPA, FL 33612 209 ELROD DRIVE BRANDON, FL 33510-2107 US

FILED Jan 12, 2004 8:00 am Secretary of State

01-12-2004 90002 020 ***150.00

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01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3350379 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DRYER, IRENE J 209 ELROD DRIVE BRANDON, FL 33510-2107

DO NOT WRITE IN THIS SPACE

		,			
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 Sgrature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRYER, EDWARD W 1907 POINSETTIA AVENUE TAMPA, FL 33612				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRYER, IRENE J 209 ELROD DRIVE BRANDON, FL 335102107				
NAME STREET ADDRESS CITY-ST-ZIP	DRIER, Scott A. 209-Elrod DINZ- Brandon, Fl 335102107			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME SYREET ADDRESS					

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: _

CITY-ST-ZIP

GNATURE AND TYPES OR PROPISED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

813-689-1751