


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90194 004 ***150.00

DOCUMENT # P96000088743		
1. Entity Name EDUCATIONAL RESOURCES, INC.		

Principal Place of Business 517 BAYBERRY DR LAKE PARK, FL 33417 US	Mailing Address 517 BAYBERRY DR LAKE PARK, FL 33417 US
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2. Principal Place of Business 517 Bayberry Drive Suite, Apt. #, etc.	3. Mailing Address 517 Bayberry Drive Suite, Apt. #, etc.
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City & State Lake Park, FL	City & State Lake Park, FL
Zip 33403	Zip 33403
Country	Country



04212004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0707608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REYES, NATALIE 517 BAYBERRY DR LAKE PARK, FL 33403	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 517 Bayberry Drive City Lake Park FL 33403
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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 <i>Natalie Reyes</i> Signature, typed or printed name of registered agent and file if applicable	DATE 4-25-04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD REYES, NATALIE 517 BAYBERRY DR LAKE PARK, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Natalie Reyes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-25-04 Daytime Phone # 561-694-0600