



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000071636</b>		
1. Entity Name ROC ED. TECH PUBLISHING, INC.		
Principal Place of Business % DR PHYLLIS M OLMSTEAD 19436 SW 5TH STREET PEMBROKE PINES, FL 33029	Mailing Address % DR PHYLLIS M OLMSTEAD 19436 SW 5TH STREET PEMBROKE PINES, FL 33029	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FINEBERG, LIBO B 3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH, FL 33069		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GOLDMAN, RICHARD 521 S.W. SEVENTH AVENUE FORT LAUDERDALE, FL 33315	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHAMPAGNE, DAVID 200 SW 11TH ST FORT LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GOLDMAN, BRENT 4486 DOGWOOD CIRCLE WESTON, FL 33331	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDV OLMSTEAD, PHYLLIS 19436 S.W. FIFTH STREET PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1-16-04 Daytime Phone #: 954-262-8770



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0856197	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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01/20/04-80024-025 150.00