

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071636

Entity Name: ROC ED. TECH PUBLISHING, INC.

FILED  
Apr 21, 2006  
Secretary of State

## Current Principal Place of Business:

% DR PHYLLIS M OLMSTEAD  
4163 SADDLEWOOD DRIVE  
ORLANDO, FL 328188230 US

## New Principal Place of Business:

## Current Mailing Address:

% DR PHYLLIS M OLMSTEAD  
4163 SADDLEWOOD DRIVE  
ORLANDO, FL 328188230

## New Mailing Address:

FEI Number: 65-0856197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLMSTEAD, PHYLLIS M DR.  
4163 SADDLEWOOD DRIVE  
ORLANDO, FL 328188230 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: GOLDMAN, RICHARD M DR  
Address: 1570 TOWN CENTER CIRCLE  
City-St-Zip: WESTON, FL 33326 US

Title: DV ( ) Delete  
Name: CHAMPAGNE, DAVID W DR  
Address: 200 SW 11TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: DV ( ) Delete  
Name: GOLDMAN, BRENT DR  
Address: 4486 DOGWOOD CIRCLE  
City-St-Zip: WESTON, FL 33331 US

Title: SDV ( ) Delete  
Name: OLMSTEAD, PHYLLIS M DR  
Address: 4163 SADDLEWOOD DRIVE  
City-St-Zip: ORLANDO, FL 328188230 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR PHYLLIS M OLMSTEAD

OFFI

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date