2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004
Secretary of State

DOCUMENT# P98000080910

Entity Name: EDUCATIONAL TECHNOLOGY GROUP, INC.

Current Principal Place of Business:

4069 13TH STREET
UNIT 150
SAINT CLOUD, FL 34769

New Principal Place of Business:

4417 13TH STREET
UNIT 425
SAINT CLOUD, FL 34769

Current Mailing Address:

4069 13TH STREET
UNIT 150
SAINT CLOUD, FL 34769

New Mailing Address:

4417 13TH STREET
UNIT 425
SAINT CLOUD, FL 34769

FEI Number: 59-3533756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MABRY, MARSHALL L
Address: 4069 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

Title: ST ( ) Delete
Name: MABRY, TAMMY D
Address: 4069 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MABRY, MARSHALL L
Address: 4417 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

Title: ST (X) Change ( ) Addition
Name: MABRY, TAMMY D
Address: 4417 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARSHALL L. MABRY PD 08/03/2004

Electronic Signature of Signing Officer or Director Date