2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070344

City-St-Zip:

FILED Jan 27, 2004 Secretary of State

Entity Nar	me: VIRTUAL	ACADEMICS.COM, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
6421 CON	GRESS AVE					
201 BOCA RAT	TON, FL 3348	.7				
Current Mailing Address:			New Mailing Address:			
	_		TOW Main		•	
201	GRESS AVE TON, FL 3348	.7				
	: 65-0963806	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
2198 NOR	ER, ROBERT THWEST 57T TON, FL 3349					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	*) Delete	Title:		(X) Change()Addition	
Name:	BETTINGER, S		Name:	BETTINGER,		
Address:	2198 NW 57TH		Address:	16324 VIA VE		
City-St-Zip:	BOCA RATON,	FL 33490	City-St-Zip:	DELKAT BEA	ACH, FL 33484	
Title:	С () Delete	Title:		() Change () Addition	
Name:	BETTINGER, R		Name:			
Address:	2198 NW 57TH	ISTREET	Address:			
City-St-Zip:	BOCA RATON,	FL 33496	City-St-Zip:			
Title:	() Delete	Title:	D (() Change (X) Addition	
Name:	(Delete	Name:	LOCKWOOD		
Address:			Address:	1152 CHENIL	•	
City-St-Zip:			City-St-Zip:	WESTON, FL		
Title:	() Delete	Title:	D (() Change (X) Addition	
Name:	,	,	Name:	PHELAN, JAC		
Address:			Address:	7587 ESTRE		

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.

City-St-Zip:

SIGNATURE: STEVEN BETTINGER Ρ 01/27/2004

BOCA RATON, FL 33433 US