



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90475 008 ***150.00

DOCUMENT # P99000082467 1. Entity Name EDU-TECH ASSOCIATES OF FLORIDA, INC.																													
Principal Place of Business 228 LOGGERHEAD DRIVE MELBOURNE BEACH, FL 32951			Mailing Address 228 LOGGERHEAD DRIVE MELBOURNE BEACH, FL 32951																										
2. Principal Place of Business 4418 Heaton Park Trail Suite, Apt. #, etc.		3. Mailing Address P.O. Box 410307 Suite, Apt. #, etc.																											
City & State Viera, FL 32955		City & State Melbourne, FL 32940-0307		4. FEI Number 59-3602051																									
Zip 32955		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BOYD, JOEL E 6767 N WIEKHAM RD SUITE 306 MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name Michael C. Boehm Street Address (P.O. Box Number is Not Acceptable) 209 Ocean Avenue Suite A City Melbourne Beach FL Zip Code 32951																									
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>Michael C. Boehm</i> Michael C. Boehm DATE: 4/30/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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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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>Doris Hertzberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
Date _____ Daytime Phone # _____																													