


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000001858**  
 1. Entity Name  
 EDUTEK EDUCATION SOLUTIONS, INC.



Principal Place of Business      Mailing Address  
 170 TOWNE LAKE PKWY      170 TOWNE LAKE PKWY  
 WOODSTOCK, GA 30188 US      WOODSTOCK, GA 30188 US

**DO NOT WRITE IN THIS SPACE**



02082005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>62-1558718</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 SALZMAN, ANTHONY  
 500 E. UNIVERSITY AVE., STE A  
 GAINESVILLE, FL 32601

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reestablishing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, HARRY O 170 TOWNE LAKE PKWY WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, PHILIP 170 TOWNE LAKE PKWY WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, LYNNETH B 170 TOWNE LAKE PKWY WOODSTOCK, GA 30188
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/02/05-80027-023..150.00

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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: Lynneth B. Slaughter, Lynneth B. Slaughter    3/31/05    800-2146754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #