

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2004  
Secretary of State**

DOCUMENT# F00000001947

**Entity Name:** EUROPEAN ADOPTION CONSULTANTS, INCORPORATED

**Current Principal Place of Business:**

9800 BOSTON ROAD  
NORTH ROYALTON, OH 44133

**New Principal Place of Business:**

**Current Mailing Address:**

9800 BOSTON ROAD  
NORTH ROYALTON, OH 44133

**New Mailing Address:**

FEI Number: 34-1718583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLE, VICTOR  
4010 GALT OCEAN DRIVE, OCEAN SUMMITT 509  
FORT LAUDERDALE, FL 33308      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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: COLE, MARGARET A TRUSTEE  
Address: 9800 BOSTON ROAD  
City-St-Zip: NORTH ROYALTON, OH 44133

Title: TRUS      ( ) Delete  
Name: COLE, VICTOR  
Address: 4010 GALT OCEAN DRIVE, OCEAN SUMMIT 509  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: ST      ( ) Delete  
Name: NESPECA, LISA  
Address: 3722 SUTHERLAND RD  
City-St-Zip: BEACHWOOD, OH 44122

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET COLE

MS.

01/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date