


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000001947		
1. Entity Name EUROPEAN ADOPTION CONSULTANTS, INCORPORATED		
Principal Place of Business 9800 BOSTON ROAD NORTH ROYALTON, OH 44133	Mailing Address 9800 BOSTON ROAD NORTH ROYALTON, OH 44133	



02262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-1718583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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	P COLE, MARGARET A TRUSTEE 9800 BOSTON ROAD NORTH ROYALTON, OH 44133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS COLE, VICTOR 4010 GALT OCEAN DRIVE, OCEAN SUMMITT 509 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NESPECA, LISA 3722 SUTHERLAND RD BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000259719  
 03/11/05-80036-005 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Margaret A Cole* **3/7/05** *440237357*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #