


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 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

**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
 34-1718583

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

1100000466029  
 03/22/06-80059-012 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Cole 3/5/06 440.237.3557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #