
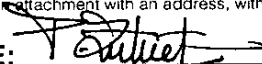


FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 043 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000022767 1. Entity Name SCHOOLS CONSULTING, INC.		
Principal Place of Business 9331 NW SO DORAL CR. SOUTH DORAL, FL 33178		Mailing Address 9331 NW SO DORAL CR. SOUTH DORAL, FL 33178
2. Principal Place of Business - No P.O. Box # 9331 NW 50 Doral Cr.	3. Mailing Address 9331 NW 50 Doral Cr	
Suite, Apt. #, etc. South.	Suite, Apt. #, etc. South	
City & State Doral, FL	City & State Doral, FL	
Zip 33178	Country USA	Zip 33178
Country USA		4. FEI Number 20-4340488
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01122007 Chg-P CR2E034 (12/06)
6. Name and Address of Current Registered Agent ZULUETA, PATRICIA 9331 NW SO DORAL CR. SOUTH DORAL, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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 re-registering) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	<input type="checkbox"/> Delete	
NAME ZULUETA, PATRICIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9331 NW SO DORAL CR. SOUTH	Zulueta, Patricia	
CITY-ST-ZIP DORAL, FL 33178	9331 NW 50 Doral Cr South Doral, FL 33178	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 		1/12/07 305 986 5421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

40002739

