


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

|                                                                                 |         |                                                                                   |
|---------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000050418</b>                                                  |         |  |
| 1. Entity Name<br>EDUCATIONAL CONSULTING, INC.                                  |         |                                                                                   |
| Principal Place of Business<br>2123 NORTHWEST 62ND DRIVE<br>BOCA RATON FL 33496 |         | Mailing Address<br>2123 NORTHWEST 62ND DRIVE<br>BOCA RATON FL 33496               |
| 2. Principal Place of Business                                                  |         | 3. Mailing Address                                                                |
| Suite, Apt. #, etc.                                                             |         | Suite, Apt. #, etc.                                                               |
| City & State                                                                    |         | City & State                                                                      |
| Zip                                                                             | Country | Zip Country                                                                       |



MOORE CR2E034 (11/03)

|                                                                                                 |  |                                                                                                                          |
|-------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number <b>65-0678801</b>                                                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                                                                                                                          |
| 6. Name and Address of Current Registered Agent                                                 |  | 7. Name and Address of New Registered Agent                                                                              |
| LOVING, JACK R<br>1323 SOUTHEAST THIRD AVENUE<br>FORT LAUDERDALE FL 33316                       |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |

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 title if applicable. (NOTE: Registered Agent signature required when re-registering)

|                                                                                                                                   |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                    |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GREENE, RICHARD S<br>2123 NOTHEWEST 62ND DRIVE<br>BOCA RATON FL 33496<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>U00000032657<br>02/05/04-80011-025 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GREENE, EDYTHE P<br>2123 NOTHEWEST 62ND DRIVE<br>BOCA RATON FL 33496<br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GREENE, ROBERT E<br>239 E 79TH ST. APT. 6L<br>NEW YORK NY 10021<br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GREENE, DR. SHERRI<br>69 5TH AVE. APT. 7H<br>NEW YORK NY 10003<br><input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** Richard S Greene 2/1/04 56-994-2343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #