


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000050418 1. Entity Name EDUCATIONAL CONSULTING, INC.	
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Principal Place of Business 2123 NORTHWEST 62ND DRIVE BOCA RATON FL 33496	Mailing Address 2123 NORTHWEST 62ND DRIVE BOCA RATON FL 33496
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 65-0678801	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOVING, JACK R 1323 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete NAME: GREENE, RICHARD S STREET ADDRESS: 2123 NORTHWEST 62ND DRIVE CITY-ST-ZIP: BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> Delete NAME: GREENE, EDYTHE P STREET ADDRESS: 2123 NORTHWEST 62ND DRIVE CITY-ST-ZIP: BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> Delete NAME: GREENE, ROBERT E STREET ADDRESS: 239 E 79TH ST. APT. 6L CITY-ST-ZIP: NEW YORK NY 10021
TITLE	D <input type="checkbox"/> Delete NAME: GREENE, DR. SHERRI STREET ADDRESS: 69 5TH AVE. APT. 7H CITY-ST-ZIP: NEW YORK NY 10003
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000210537
STREET ADDRESS	02/02/05-80082-024 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 lines empowered.

SIGNATURE: 	Date: 1/30/05	Daytime Phone #: 561-994-2343
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