
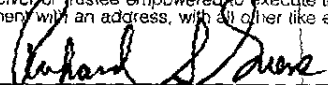


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000050418</b>			
1. Entity Name <b>EDUCATIONAL CONSULTING, INC.</b>			
Principal Place of Business <b>2123 NORTHWEST 62ND DRIVE BOCA RATON FL 33496</b>		Mailing Address <b>2123 NORTHWEST 62ND DRIVE BOCA RATON FL 33496</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LOVING, JACK R 1323 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33316</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <b>\$5.00</b> May : Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE, RICHARD S</b>	NAME	
STREET ADDRESS	<b>2123 NOTHEWEST 62ND DRIVE</b>	STREET ADDRESS	<b>U00000422034</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	CITY-ST-ZIP	<b>02/16/06-80062-015 150.00</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE, EDYTHE P</b>	NAME	
STREET ADDRESS	<b>2123 NOTHEWEST 62ND DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE, ROBERT E.</b>	NAME	
STREET ADDRESS	<b>239 E 79TH ST. APT. 6L</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE, DR. SHERRI</b>	NAME	
STREET ADDRESS	<b>69 5TH AVE. APT. 7H</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10003</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: <b>2/1/06</b> Daytime (Hours #) <b>561-999-2343</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime (Hours #)	

