


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000050418**

1. Entity Name  
**EDUCATIONAL CONSULTING, INC.**



Principal Place of Business  
**2123 NORTHWEST 62ND DRIVE  
 BOCA RATON FL 33496**

Mailing Address  
**2123 NORTHWEST 62ND DRIVE  
 BOCA RATON FL 33496**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address  
 Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0678801** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D GREENE, RICHARD S 2123 NOTHEWEST 62ND DRIVE BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	0000000501720 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/26/07-80059-017 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	D GREENE, EDYTHE P 2123 NOTHEWEST 62ND DRIVE BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D GREENE, ROBERT E 239 E 79TH ST. APT. 6L NEW YORK NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D GREENE, DR. SHERRI 69 5TH AVE. APT. 7H NEW YORK NY 10003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard S. Greene **RICHARD S. GREENE** 1/20/07 561-994-2343  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #