

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050418

FILED
Feb 04, 2009
Secretary of State

Entity Name: EDUCATIONAL CONSULTING, INC.

Current Principal Place of Business:

2123 NORTHWEST 62ND DRIVE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

2123 NORTHWEST 62ND DRIVE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-0678801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVING, JACK R
1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENE, RICHARD S
Address: 2123 NOTHEWEST 62ND DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: GREENE, EDYTHE P
Address: 2123 NOTHEWEST 62ND DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: GREENE, ROBERT E
Address: 6 EN PROVENCE
City-St-Zip: CHERRY HILL, NJ 08003

Title: D () Delete
Name: GREENE, DR. SHERRI
Address: 392 CENTRAL PRK W APT 6N
City-St-Zip: NEW YORK, NY 10025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD S GREENE

DIR

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date