

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95851

FILED
Jan 29, 2007
Secretary of State

Entity Name: MERLE J. KRAVETZ, EDUCATIONAL COUNSELOR, INC.

Current Principal Place of Business:

90 EDGEWATER DR, APT 624
CORAL GABLES, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

90 EDGEWATER DR, APT 624
CORAL GABLES, FL 33133 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRAVETZ, MERLE J.
91 EDGEWATER DR., APT 624
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

KRAVETZ, MERLE J.
90 EDGEWATER DR., APT 624
CORAL GABLES, FL 33133 US

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: _____

01/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KRAVETZ, MERLE J.,
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

Title: SD () Delete
Name: KRAVETZ, JEFFREY,
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

Title: D () Delete
Name: KRAVETZ, BRIAN,
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

Title: D () Delete
Name: KRAVETZ, SCOTT,
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

Title: D () Delete
Name: KRAVETZ, MARK,
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MERLE J. KRAVETZ

MS.

01/29/2007

Electronic Signature of Signing Officer or Director

Date