2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010679

Entity Name: EDUCATIONAL TAX CENTER, INC

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1900 W COMMERCIAL BLVD 4901 NW 17TH WAY

SUITE 120 SUITE 301

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

1900 W COMMERCIAL BLVD 4901 NW 17TH WAY

SUITE 120 SUITE 301

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

FEI Number: 20-1889337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEREIRA ATP, JANETH
1900 W COMMERCIAL BLVD
FEREIRA ATP, JANETH
4901 NW 17TH WAY

SUITE 120 SUITE 301

FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33309 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: JANETH C FEREIRA 04/14/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: () Change () Addition

 Name:
 AZOY EA ATA, EDUARDO A
 Name:

 Address:
 2236 N CYPRESS BEND DR APT 502
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 FEREIRA ATP, JANETH
 Name:

 Address:
 6511 COOLIDGE ST
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33024
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LAMADRID, ALEX MBA
 Name:

 Address:
 2527 NW 107 AVE.
 Address:

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 SANCHEZ, ERNESTO EA
 Name:

 Address:
 471 SW 8 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33130
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO A AZOY P 04/14/2006