


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90061 037 ****61.25

DOCUMENT # N06000008534 1. Entity Name STEINER EDUCATIONAL CONSULTANTS INC.					
Principal Place of Business 18690 OLD CUTLER ROAD CUTLER BAY FL 33189			Mailing Address 18690 OLD CUTLER ROAD CUTLER BAY FL 33189		
2. Principal Place of Business - No P.O. Box # 1869 Old Cutler Rd Suite, Apt. #, etc.		3. Mailing Address 18640 Belview Dr. Suite, Apt. #, etc.			
City & State Cutler Bay Zip 33157 Country Dade		City & State Cutler Bay Zip 33157 Country Dade		4. FEI Number 205-366,769	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CUMMING, IVONNE 18690 OLD CUTLER ROAD CUTLER BAY FL 33189			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 <u><i>Ivonne Cumming</i></u> DATE <u>7-20-07</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMING, IVONNE 18690 OLD CUTLER ROAD CUTLER BAY FL 33189 <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 Chapter 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 617, 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: *Ivonne Cumming* *Ivonne Cumming* 7-20-07