


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000034729</b> 1. Entity Name <b>INTERACTIVE EDUCATION CONSULTANTS CORPORATION</b>	
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Principal Place of Business <b>11764 BALSAM DR ROYAL PALM BCH, FL 33411</b>	Mailing Address <b>11764 BALSAM DR ROYAL PALM BCH, FL 33411</b>
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**DO NOT WRITE IN THIS SPACE**



04032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>48-1257420</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**BRANNON, CHERRY A  
11764 BALSAM DR  
ROYAL PALM BCH, FL 33411**

**DO NOT WRITE IN THIS SPACE**

5. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and D.C. if applicable. (NOTE: Registered Agent signature required when restoring) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRANNON, CHERRY A 11764 BALSAM DR ROYAL PALM BCH, FL 33411
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04/14/05-80086-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I/ke empowered.

**SIGNATURE:** *Cherry Brannon* **CHERRY BRANNON** **4/11/05** **961-753-5806**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to Filing #