2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

May 13, 2005 08:00 AN **Secretary of State** DOCUMENT # P02000088804 K R G EDUCATIONAL CONSULTANTS, INC. Principal Place of Business Mailing Address 419 MINORCA AVE 419 MINORCA AVE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 No Chg-P CR2E034 (10/03) 05102005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0791343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANAT, KATHRYN G DO NOT WRITE 419 MINÓRCA AVE CORAL GABLES, FL 33134 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remstating) DATE 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GRANAT, KATHRYN G 05/13/05-80006-007 150.00 STREET ADDRESS 419 MINORCA AVE CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE GRANAT, RICHARD F NAME STREET ADDRESS 419 MINORCA AVE CDY-ST-7/P CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 like empowered.

FILED