2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2006 8:00 am Secretary of State DOCUMENT # P02000088804 02-10-2006 90013 034 ***150 00 K R G EDUCATIONAL CONSULTANTS, INC. Principal Place of Business Mailing Address 419 MINORCA AVE CORAL GABLES FL 33134 419 MINORCA AVE **CORAL GABLES FL 33134** 2. Principal Place of Business 2072 5.W. RACQUET Club &r. 2073 5.W. RACQUET Club &r. 2073 5.W. RACQUET Club &r. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4, FEI Number Applied For 55-0791343 Palm Palm Ci-Not Applicable Country O. S.A. Country U,SA \$8.75 Additional 5. Certificate of Status Desired 3499 o Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANAT, KATHRYN G 419 MINORCA AVE Street Address (P.O. Box Number is Not Acceptable) 2073 らい、RACQUET C106 **CORAL GABLES FL 33134** 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change NAME GRANAT, KATHRYN G NAME ZOTZ S.W. RACQUET CLUB Dr. STREET ADDRESS 419 MINORCA AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE Delete TITLE NAME GRANAT, RICHARD F NAME 2072 S.W. RACQUET CLUB Dr. STREET ADDRESS 419 MINORCA AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11

RICHARD F. Granat 1/31/06

if changed, or on an attachment with an address, with all other like empowered

FILED