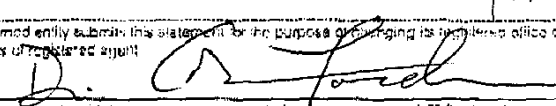
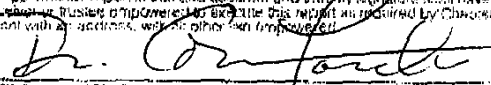


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FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90567 014 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000095692																							
1. Entity Name CAREER & EDUCATIONAL CONSULTANTS, INC.																							
Principal Place of Business P.O. BOX 173771 HIALEAH, FL 33017 US		Mailing Address P.O. BOX 173771 HIALEAH, FL 33017 US																					
2. Principal Office of Business		3. Mailing Address																					
State, Apt. #, etc.		State, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
4. FEI Number		5. Certificate of Status Desired																					
04292005 Chg-P		CR2E034 (10/03)																					
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																					
TYLER, WILLIAM 6854 STIRLING ROAD DAVIE, FL 33024		Name FORDE, COLIN A. DR Street Address (P.O. Box Number is Not Acceptable) 12860 SW 57 STREET MIRAMAR, FL 33027 City MIRAMAR FL 33027																					
8. The above named entity submits this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. I am not an agent and accept the obligations of registered agent.																							
SIGNATURE 		DATE 4-29-05																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS																					
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12. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(b), 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 registered business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in black ink on this report.																							
SIGNATURE: 		DATE 4-29-05 (305)829-2943																					
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							