5/15/20

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-15-2006 90038 016 ***150.00

2006 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

66021247

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business | 3. Mailing Address
Suite, Apt #, etc. | Suite, Apt #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number: 20-1278295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~TYLER, WILLIAM~~
~~6804 STIRLING ROAD~~
~~DAVIE, FL 33024~~

7. Name and Address of New Registered Agent

Name: FORDE, COLIN A. DR
Street Address (P.O. Box Number is Not Acceptable): 12860 SW 51 STREET
MIRAMAR, FL 33027
City: MIRAMAR FL Zip Code: 33027

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] 4-29-05
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FORDE, COLIN A	
STREET ADDRESS	P.O. BOX 173771	
CITY-ST-ZIP	HIALEAH, FL 33017	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: [signature] 4-29-05 (305)829-2943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #