

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136041

Entity Name: EDUCATION CONSULTANTS.INC

FILED  
Jan 24, 2008  
Secretary of State

## Current Principal Place of Business:

6941 SW 196 AVENUE  
BAY 12 , BERGERON PLAZA  
PEMBROKE PINES, FL 33332

## New Principal Place of Business:

## Current Mailing Address:

83 GABLES BLVD.  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 73-1722364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RAHMAN, MEHER S MRS.  
83 GABLES BLVD.  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: RAHMAN, MEHER S MRS.  
Address: 83 GABLES BLVD.  
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete  
Name: RAHMAN, SYED A MR.  
Address: 83 GABLES BLVD.  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEHERRAHMAN

PRES

01/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date