

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055449

FILED
Jan 17, 2009
Secretary of State

Entity Name: HIGHER EDUCATION AND TECHNOLOGY CONSULTANTS INC.

Current Principal Place of Business:

5243 NW 94 DORAL PLACE
MIAMI, FL 33178

New Principal Place of Business:

5243 NW 94 DORAL PLACE
DORAL, FL 33178

Current Mailing Address:

5243 NW 94 DORAL PLACE
MIAMI, FL 33178

New Mailing Address:

5243 NW 94 DORAL PLACE
DORAL, FL 33178

FEI Number: 43-2103548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGLER, KATHIE DR.
5243 NW 94 DORAL PLACE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

SIGLER, KATHIE DR.
5243 NW 94 DORAL PLACE
DORAL, FL 33178 US

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:

01/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIGLER, KATHIE DR.
Address: 5243 NW 94 DORAL PLACE
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: MENDEZ, ZEIDA C
Address: 5243 NW 94 DORAL PLACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIGLER, KATHIE DR.
Address: 5243 NW 94 DORAL PLACE
City-St-Zip: DORAL, FL 33178

Title: V (X) Change () Addition
Name: MENDEZ, ZEIDA C
Address: 5243 NW 94 DORAL PLACE
City-St-Zip: DORAL, FL 33178

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: DR. KATHIE SIGLER

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date