

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070209

FILED
Apr 15, 2009
Secretary of State

Entity Name: SCHIPANI-TRIVIER EDUCATIONAL CONSULTANTS, INC.

Current Principal Place of Business:

11741 NW 36TH PLACE
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

11741 NW 36TH PLACE
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 20-4921349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIPANI-TRIVIER, LINDA
11741 NW 36TH PLACE
SUNRISE, FL 33323 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: P () Delete
Name: SCHIPANI-TRIVIER, LINDA
Address: 11741 NW 36TH PLACE
City-St-Zip: SUNRISE, FL 33323 US

Title: VP () Delete
Name: TRIVIER, CHARLES
Address: 11741 NW 36TH PLACE
City-St-Zip: SUNRISE, FL 33323 US

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: LINDA SCHIPANI-TRIVIER

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date