2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073182

ST PETERSBURG, FL 33702

City-St-Zip:

Entity Name: THE EDUCATION TEAM MANAGEMENT GROUP INC

FILED Apr 25, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
8950 DR MARTIN LUTHER KING ST STE 208 ST PETERSBURG, FL 33702		SUITE 208	8950 DR MARTIN LUTHER KING ST N SUITE 208 ST PETERSBURG, FL 33702	
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
8950 DR MARTIN LUTHER KING ST STE 208 ST PETERSBURG, FL 33702		SUITE 208	8950 DR MARTIN LUTHER KING ST ST. N SUITE 208 ST PETERSBURG, FL 33702	
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOO MIAMI, FL The above in the State	OR 33145 US named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: Electronic Signature of Registered Ag	ent	 Date	
Election Car	mpaign Financing Trust Fund Contribution ().	One	Batto	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () Delete MILOV, LAURANCE 8950 DR MARTIN LUTHER KING ST STE 208 ST PETERSBURG, FL 33702	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD () Delete MILOV, MAGFALDA 8950 DR MARTIN LUTHER KING ST STE 208	Title: Name: Address:	() Change () Addition	

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: MAGFALDA MILOV MRS. 04/25/2007