

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074521

FILED
Mar 09, 2009
Secretary of State

Entity Name: NATIONAL EDUCATION CONSULTANTS, INC.

Current Principal Place of Business:

4267 NW FEDERAL HWY
#135
JENSEN BEACH, FL 34957

New Principal Place of Business:

1864 NW PINE TREE LANE
STUART, FL 34994

Current Mailing Address:

4267 NW FEDERAL HWY
#135
JENSEN BEACH, FL 34957

New Mailing Address:

1864 NW PINE TREE LANE
STUART, FL 34994

FEI Number: 76-0830058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, KAREN L
1864 NW PINE TREE LANE
STUART, FL 34994 US

Name and Address of New Registered Agent:

MAXWELL, KAREN L PRES.
1864 NW PINE TREE LANE
STUART, FL 34994 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: KAREN L. MAXWELL

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KILIAN, LISA M
Address: 900 NW SASSAFRAS TER
City-St-Zip: JENSEN BEACH, FL 34957

Title: STD () Delete
Name: MAXWELL, KAREN L
Address: 4267 NW FEDERAL HWY, #135
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAXWELL, KAREN L
Address: 1864 NW PINE TREE LANE
City-St-Zip: STUART, FL 34994

Title: STD (X) Change () Addition
Name: KILIAN, LISA M
Address: 3628 NW MEDITERRANEAN WAY
City-St-Zip: JENSEN BEACH, FL 34957

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: KAREN L. MAXWELL

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date