

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079596

FILED
Apr 06, 2009
Secretary of State

Entity Name: M4 EDUCATIONAL CONSULTANTS, INC.

Current Principal Place of Business:

9641 RIVERSIDE DR.
#1
SEBASTIAN, FL 32958 US

New Principal Place of Business:

Current Mailing Address:

9641 RIVERSIDE DR.
#1
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: 20-5020995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, MICHAEL
9641 RIVERSIDE DR.
#1
SEBASTIAN, FL 32958 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: PD () Delete
Name: MCCABE, MICHAEL
Address: 9641 RIVERSIDE DR. #1
City-St-Zip: SEBASTIAN, FL 32958 US

Title: VP () Delete
Name: MCCABE, ERIN
Address: 970 BUGALOW COURT
City-St-Zip: FORT COLLINS, CO 80521 US

Title: S () Delete
Name: MCCABE, IRENE
Address: 1007 TOPSAIL LANE
City-St-Zip: SEBASTIAN, FL 32958 US

Title: T () Delete
Name: MCCABE, NICHOLAS
Address: 1225 12TH AVENUE
City-St-Zip: VERO BEACH, FL 32960 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL MCCABE

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date