2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# P07000111798

Entity Name: SCHOOLHOUSE EDUCATIONAL CONSULTANTS, INC.

Current Principal Place of Business:

179 NE 96TH STREET
MIAMI SHORES, FL 33138

New Principal Place of Business:

9822 NE 2ND AVE.
SUITE 9
MIAMI SHORES, FL 33138

Current Mailing Address:

179 NE 96TH STREET
MIAMI SHORES, FL 33138

New Mailing Address:

9822 NE 2ND AVE.
SUITE 9
MIAMI SHORES, FL 33138

FEI Number: 26-1234323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUCENIC, MARY C
11802 BE 8TH AVENUE
BISCAYNE PARK, FL 33161 US

Name and Address of New Registered Agent:

MUCENIC, MARY C DR.
11802 BE 8TH AVENUE
BISCAYNE PARK, FL 33161 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: MARY CLAIRE MUCENIC 04/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete
Name: MUCENIC, MARY C
Address: 11802 BE 8TH AVENUE
City-St-Zip: BISCAYNE PARK, FL 33161

Title: MRS. ( ) Delete
Name: MARTINEZ, ELIZABETH
Address: 11940 NE 5TH AVE.
City-St-Zip: BISCAYNE PARK, FL 33161

Title: MRS. ( ) Delete
Name: PETERS, MERCEDES
Address: 737 NE 118TH STREET
City-St-Zip: BISCAYNE PARK, FL 33161

Title: DR. ( ) Delete
Name: NEMIROFF, JOANNE
Address: 3530 MYSTIC POINTE DR. APT. 1610
City-St-Zip: AVENTURA, FL 33180

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: MARY CLAIRE MUCENIC DR. 04/18/2009
Electronic Signature of Signing Officer or Director Date