


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000061485	
1. Entity Name EDUCATIONAL TRAINING CONSULTANTS, INC.	

Principal Place of Business 9200 SW 132ND STREET MIAMI, FL 33176	Mailing Address 9200 SW 132ND STREET MIAMI, FL 33176
--	--

DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0933372	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent PERRY, CLEMMIE 9200 SW 132ND STREET MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>Clemmie Perry</i>	<i>Clemmie Perry</i>	3/22/05
Signature, typed or printed name of registered agent and title if applicable		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, CLEMMIE 9200 SW 132 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRY, KENNETH 1916 GRACE ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRY, ROSS 1119 GRACE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDDICK, DORIS 1121 GRACE STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000317255
04/20/05-80012-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Clemmie Perry</i>	<i>Clemmie Perry</i>	3/22/05 305 552 2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #