2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

				Socratary of State
DOCUMENT # P9900061485 1. Entity Name EDUCATIONAL TRAINING CONSULTANTS, INC.				Secretary of State
Principal Plac	e of Business	Mailing Address	:	
	2ND STREET	9200 SW 132ND STREET		
MIAMI, FL 3		MIAMI, FL 33176		
]	_			A SERVINDE AND REAL PROPERTY WHICH WENTER WHICH WENTER WHICH WHICH AND A PARK WHICH HE HERE
				
DO NOT WRITE IN THIS SPACE			^	03222005 No Chg-P CR2E034 (10/03)
			CE	4. FEI Number Applied For 65-0933372 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	tegistered Agent		
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
PERRY, CLEMMIE			· - ·	DO NOT WRITE
9200 SW 132ND STREET MIAMI, FL 33176				į
TVIITAVII, I E OOTI O				IN THIS SPACE
{				
8. The above named entity submits this statement for the purgose 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.				
Commenden Clemen BARY 3/22/05				
SIGNATURE Signature, typed or printed name of registered open and title if applicatio (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND I	DIRECTORS	-	A Control of the Cont
TITLE	Ρ			
NAME.	PERRY, CLEMMIE		1	
STREET ADDRESS CITY-ST-ZIP	9200 SW 132 ST MIAMI, FL 33176			
	VP	ž,-,		U00000317255
TITLE NAME	PERRY, KENNETH			04/20/05-80012-003 150.00
STREET ADDRESS	1916 GRACE ST		}	m II man no provin pro refrigion.
CITY-ST-ZIP	TAMPA, FL 33607			
TITLE	VP			
NAME	PERRY, ROSS		}	
STREET ADDRESS	1119 GRACE	-		DO NOT WRITE
CITY-ST-ZIP	TAMPA, FL 33607	_		- DO NOI WALL
			_1	
TITLE	s			
NAME	REDDICK, DORIS	-		IN THIS SPACE
NAME STREET ADDRESS	REDDICK, DORIS 1121 GRACE STREET		and the second s	
NAME STREET ADDRESS CITY-ST-ZIP	REDDICK, DORIS	-	and the second of the second o	
NAME STREET ADDRESS CITY-ST-ZIP	REDDICK, DORIS 1121 GRACE STREET	-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	REDDICK, DORIS 1121 GRACE STREET	-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	REDDICK, DORIS 1121 GRACE STREET	-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	REDDICK, DORIS 1121 GRACE STREET			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	REDDICK, DORIS 1121 GRACE STREET	Sept. Market		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	REDDICK, DORIS 1121 GRACE STREET			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	REDDICK, DORIS 1121 GRACE STREET			

12. I hereby certify that the information supplied with this filling 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 of 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 expowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

Menure PORY

3/22/05 552 2887