2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: >

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P99000061485 1. Entity Name 04-12-2006 90100 042 ***150.00 EDUCATIONAL TRAINING CONSULTANTS, INC. Principal Place of Business Mailing Address DUBLITION 9200 SW 132ND STREET 9200 SW 132ND STREET MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Street STREET 1121 W GRACE Suite, Apt. #, etc 03302006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For TAMPA TAMPA 65-0933372 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA US A 60 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRY Clemmie PERRY, CLEMMIE 9200 SW 132ND STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33176 W. GRACE STREET TAMPA 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 registers agent. SIGNATURE 2 name of registered agent and title if applicable egistered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE 🔀 Change ☐ Addition PERRY, Clemmie 1121 WGRACE STREET PERRY, CLEMMIE NAME STREET ADDRESS 9200 SW 132 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TAMPA, FL. 33607 TITLE ☐ Defete TIT1 F □ Change ☐ Addition PERRY, KENNETH NAME NAME STREET ADDRESS 1916 GRACE ST STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33607** CITY-ST-ZIP TITLE VP. ☐ Delete TITLE ☐ Channe ☐ Addition PERRY, ROSS NAME NAME STREET ADDRESS **1119 GRACE** STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance ☐ Addition REDDICK, DORIS NAME NAME STREET ADDRESS 1121 GRACE STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

FILED