

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
 1121 W GRACE ST 1121 W GRACE ST
 TAMPA, FL 33607 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE



04142007 No Chg-P CR2E034 (11/05)

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 Registered Agent

PERRY, CLEMMIE
 1121 W GRACE ST
 TAMPA, FL 33607

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERRY, CLEMMIE
STREET ADDRESS	1121 W GRACE ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VP
NAME	PERRY, KENNETH
STREET ADDRESS	1916 GRACE ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VP
NAME	PERRY, ROSS
STREET ADDRESS	1119 GRACE
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	S
NAME	REDDICK, DORIS
STREET ADDRESS	1121 GRACE STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 empowerments.

SIGNATURE: *x Clemmie Perry* 4/24/07 813 224 0405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #