
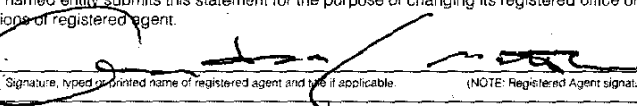
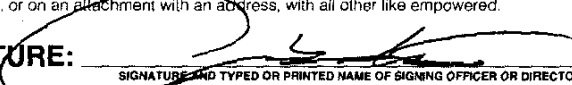


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90772 036 ***150.00

DOCUMENT # P99000084343 1. Entity Name TLC EDUCATION CONSULTANTS, INC.																											
Principal Place of Business SEARCH OFF. BLVD. 300-5 ESTERO FT. MYERS, FL 33908		Mailing Address 17595 S. TAMIA MI TRAIL ESTERO, FT. MYERS, FL 33904 33928																									
2. Principal Place of Business 4218 UTE CT Suite, Apt. #, etc. N/A City & State ESTERO Zip 33928		3. Mailing Address 4218 UTE CT Suite, Apt. #, etc. N/A City & State ESTERO Zip 33928																									
4. FEI Number 65-0085842		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LISSETTE, ANDREA 17595 S. TAMIA MI TRAIL SUITE 300-5 ESTERO FT. MYERS, FL 33908 33928		7. Name and Address of New Registered Agent Name Shirley A. Furr Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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:  DATE: 4/29/04 <small>Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LISSETTE, ANDREA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17595 S. TAMIA MI TRAIL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ESTERO, FT. MYERS, FL 33908</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	LISSETTE, ANDREA		STREET ADDRESS	17595 S. TAMIA MI TRAIL		CITY - ST - ZIP	ESTERO, FT. MYERS, FL 33908		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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:  DATE: 4/29/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

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