


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90014 050 ***150.00

DOCUMENT # P06000079596

1. Entity Name
M4 EDUCATIONAL CONSULTANTS, INC.



Principal Place of Business Mailing Address
9641 RIVERSIDE DR. #1 SEBASTIAN, FL 32958 US **9641 RIVERSIDE DR. #1 SEBASTIAN, FL 32958 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40012010



01212008 Chg-P CR2E034 (12/06)

4. FEI Number **20-5020995** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCCABE, MICHAEL
9641 RIVERSIDE DR. #1
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent
 Name
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCABE, MICHAEL	
STREET ADDRESS	9641 RIVERSIDE DR. #1	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCABE, ERIN	
STREET ADDRESS	970 BUGALOW COURT	
CITY-ST-ZIP	FORT COLLINS, CO 80521	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCABE, IRENE	
STREET ADDRESS	1007 TOPSAIL LANE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCABE, NICHOLAS	
STREET ADDRESS	1225 12TH AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: MICHAEL MCCABE **MICHAEL MCCABE** 1-28-08 772-973-2157
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #