2006 FOR PROFIT CORPORATION

Mar 20, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # M94084 03-20-2006 90019 039 ***150.00 1. Entity Name PUBLIC AFFAIRS CONSULTANTS, INC. Principal Place of Business Mailing Address **5000366** 110 E COLLAGE AVE 110 E COLLAGE AVE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US US 02012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2910921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRALL, MATHEW E. DO NOT WRITE 2455 E. SUNRISE BLVD. FT. LAUDERDALE, FL 33304 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE CORY, KEYNA D. NAME STREET ADDRESS 110 E COLLEGE AVENUE CITY-ST-ZIP TALLAHASSEE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE 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 charged, or on an attachment with an address, with all other like empowered.

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TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP_

ICER OR DIRECTOR

IN THIS SPACE

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