

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000065851

1. Entity Name
AJN CONSULTING, INC.



Principal Place of Business
**8217 STEEPLECHASE DR
PALM BEACH GARDENS, FL 33418**

Mailing Address
**8217 STEEPLECHASE DR
PALM BEACH GARDENS, FL 33418**



07272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1033588	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALUI, GENE
8217 STEEPLECHASE DR
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GALUI, GENE 8217 STEEPLECHASE DR PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GALUI, JUDITH M 8217 STEEPLECHASE DR PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/28/06-80004-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-06 (561)627-3418

Date

Daytime Phone #