


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90045 050 ***150.00

DOCUMENT # *PO0000104325*
1. Entity Name
KOREY CONSULTING, INC



DO NOT WRITE IN THIS SPACE

24032101

2. Principal Place of Business
DELRAY BEACH-HOME

3. Mailing Address
6886 ROYAL ORCHID CIRCLE

Suite, Apt. #/etc. *-* Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33446 Country
USA

Zip
33446 Country
USA

4. FEI Number
593680140 - Renewal

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NORMAN K. KOREY

Street Address (P.O. Box Number is Not Acceptable)
6886 Royal Orchid Circle

City
Delray Beach FL Zip Code
33446

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]* DATE *3-25-04*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO NORM KOREY 6886 ROYAL ORCHID CIR. DELRAY BEACH, FL 33446</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT - COO MAURA A. KOREY 6886 ROYAL ORCHID CIR. DELRAY BEACH, FL 33446</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *NORMAN K. KOREY* *3-25-04* *561-654-4489*

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

CR2E034B (12/02)