



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000080215 1. Entity Name DUNCAN CONSULTING, INC	
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Principal Place of Business 9675 LINGWOOD TRAIL ORLANDO, FL 32817	Mailing Address 9675 LINGWOOD TRAIL ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE

	
02072005	No Chg-P CR2E034 (10/03)
4. FEI Number 80-0075249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, JOHNNY R
 9675 LINGWOOD TRAIL
 ORLANDO, FL 32817

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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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

11000000268219
 03/18/05-80033-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, PAT C 9675 LINGWOOD TRAIL ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNCAN, ROBERT C 9675 LINGWOOD TRAIL ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DUNCAN, JOHNNY R 9675 LINGWOOD TRAIL ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Johnny R. Duncan **JOHNNY R. DUNCAN** 03-03-05 407-657-8197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #