2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003863

Entity Name: SAINT MARGARET CONSULTING SERVICES, CORP.

FILED Apr 29, 2006 Secretary of State

| Current Principal Place of Busi | ness: New | Principal Place of Bus | siness: |
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7529 SUGAR BEND DR 12950 W COLONIAL DRIVE ORLANDO, FL 32819 WINTER GARDEN, FL 34787

Current Mailing Address: New Mailing Address:

7529 SUGAR BEND DR 6530 ROSECLIFF DRIVE ORLANDO, FL 32819 103 ORLANDO, FL 32835

FEI Number: 20-2129642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACOSTA, HUMBERTO I
7529 SUGAR BEND DR
ORLANDO, FL 32819 US
ACOSTA, HUMBERTO I
6530 ROSECLIFF DRIVE #103
ORLANDO, FL 32835 US

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.

SIGNATURE: HAMCR 04/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 DP
 () Delete

 Name:
 ACOSTA, HUMBERTO I MR.

 Address:
 7529 SUGAR BEND DR

 City-St-Zip:
 ORLANDO, FL 32819

 Title:
 DT
 () Delete

 Name:
 MOLERO, GRACIELA A MRS.

 Address:
 7529 SUGAR BEND DR

 City-St-Zip:
 ORLANDO, FL 32819

 Title:
 DS
 () Delete

 Name:
 SERRANO, DANIELA I MRS.

 Address:
 7529 SUGAR BEND DR

 City-St-Zip:
 ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ACOSTA, HUMBERTO I MR.
Address: 6530 ROSECLIFF DRIVE #103
City-St-Zip: ORLANDO, FL 32835

Title: DT (X) Change () Addition
Name: MOLERO, GRACIELA A MRS.
Address: 6530 ROSECLIFF DRIVE #103
City-St-Zip: ORLANDO, FL 32835

 Title:
 DS
 (X) Change () Addition

 Name:
 SERRANO, DANIELA I MRS.

 Address:
 6530 ROSECLIFF DRIVE #103

 City-St-Zip:
 ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAMCR DP 04/29/2006