2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098694

FILED Mar 16, 2004 Secretary of State

DOCON	ILIVI II I J	00000000		Secretary of State	
Entity Na	me: EBM CO	NSULTING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IDLEWOOD C BEACH, FL 33				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	IDLEWOOD C BEACH, FL 33				
FEI Number	: 65-0794858	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
4800 N FE STE 307B	N, MITCHELL EDERAL HWY TON, FL 3343				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCALESSE, R	WOOD CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCALESSE, G	WOOD CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAIL SCALESSE DP 03/16/2004