2006 FOR PROFIT CORPORATION

CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-20

May 23, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000033042 A.J.A. CONSULTING, INC. Principal Place of Business Mailing Address 2790 LOMOND DRIVE 2790 LOMOND DRIVE PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 05162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3503873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent AGUIS, ANTHONY J DO NOT WRITE 2790 LOMOND DRIVE PALM HARBOR, FL 34684 IN THIS SPACE 8. The above remed 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 egent and title if applicable, (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10, OFFICERS AND DIRECTORS PTD TITLE AGUIS, ANTHONY J MAME STREET ADDRESS 2790 LOMOND DRIVE CITY-ST-ZIP PALM HARBOR, FL 34684 H000000565898 TITLE 05/23/06-80003-011 150.00 NAME AGUIS, BARBARA STREET ADDRESS 2790 LOMOND DRIVE CITY-ST-ZIP PALM HARBOR, FL 34684 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-2/P IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

FILED

12. It 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: D NAME OF SIGNING OFFICER OR DIRECTOR