## 12006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000108244**

AKA MARKETING AND CONSULTING, INC.



**FILED** Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

19535 GULF BOULEVARD

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SUITE C INDIAN SHORES, FL 33785

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3755233

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD

## DO NOT WRITE

SUITE 2 LARGO, FL 33771				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	surpose of changing its regis	stered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	teppicable (NOTE, Regis	stered Agent signaturi	required when reinstating)	DATE	
	E NOWIN FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
<u></u>	OFFICERS AND DIRECTORS					
itle Iame Treet address HTY-ST-ZIP	PS AUERBACH, AMY K 19535 GULF BOULEVARD, SUITE C INDIAN SHORES, FL 33785					
ITLE IAME					.000000473656 .03731706~80025 <b>~015</b> _1 <b>50.00</b>	

DO NOT WRITE IN THIS SPACE

31 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-DP MLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I 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 veport 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR