

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P26811	
1. Entity Name PROUDFOOT CONSULTING COMPANY	

Principal Place of Business 11621 KEW GARDENS AVENUE SUITE 200 PALM BEACH GARDENS, FL 33401	Mailing Address 11621 KEW GARDENS AVENUE SUITE 200 PALM BEACH GARDENS, FL 33401 US
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02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0117058	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

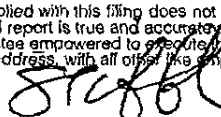
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OYSTER, ANTHONY PAUL 11621 KEW GARDENS AVENUE, STE. 200 PALM BEACH GARDENS, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HITCHCOCK, F. STEVEN 11621 KEW GARDENS AVENUE, STE. 200 PALM BEACH GARDENS, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARRY, KEVIN 11621 KEW GARDENS STE 200 PALM BEACH GARDENS, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRIE, MARK 11621 KEW GARDENS AVENUE, STE. 200 PALM BEACH GARDENS, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 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:  **F.S. HITCHCOCK** 2-13-06 561-656-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #