


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul-16, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003566 1. Entity Name MANHARD CONSULTING, LTD. CORPORATION	
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Principal Place of Business 900 WOODLANDS PARKWAY VERNON HILLS, IL 60061 US	Mailing Address 900 WOODLANDS PARKWAY VERNON HILLS, IL 60061 US
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3819132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANHARD, DONALD JR 900 WOODLANDS PARKWAY VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV MANHARD, PETER E 900 WOODLANDS PARKWAY VERNON HILLS, IL 60061
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07/16/07-60004-023 550.00

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:  **PETER E. MANHARD** 7/5/07 347-634-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #