2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY+ST-7IP

SIGNATURE:

FILED Jan 26, 2005 08:00 AM Secretary of State **DOCUMENT #655006** OCEANSIDE CONSULTING, INC. Mailing Address Principal Place of Business 1801 SOUTH US ONE, SUITE 14 C 1801 SOUTH US ONE, SUITE_14 C JUPITER, FL 33477 JUPITER, FL 33477 01212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-1969642 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BARTH, DAVID 1801 S, U S ONE SUITE 14C _ JUPITER, FL 33477 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 Signature hyperd or printing harmo of registered agent and site 8 applicables (NOTE: Registered Agent signature required when it instating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 U00000199353 OFFICERS AND DIRECTORS 10. PST TITLE BARTH, DAVID NAME 1801 S US ONE STE 14C STREET ADDRESS JUPITER, FL CITY-ST-ZIP BARTH, DAVID NAME STREET ADDRESS 1801 S US ONE STE 14C CHTY-ST-ZIP JUPITER, FL NAME STREET ADDRESS DO NOT WRITE CHY+ST-ZIP IN THIS SPACE BILL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAUT STREET ADDRESS City-St-ZiP THLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify 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 frue and secturate 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 attacriment with an address, with an other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR