2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# F04000001745

Entity Name: THE CONSULTING NETWORK, INC.

Current Principal Place of Business:

209 WASHINGTON STREET
MIDDLETOWN, MD 217698014

New Principal Place of Business:

Current Mailing Address:

209 WASHINGTON STREET
MIDDLETOWN, MD 217698014

New Mailing Address:

FEI Number: 52-1981248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: WILSON, TIMOTHY A
Address: 209 WASHINGTON STREET
City-St-Zip: MIDDLETOWN, MD 217698014

Title: D ( ) Delete
Name: HOGUE, ROBERT F
Address: 14790 TRIADELPHIA MILL ROAD
City-St-Zip: DAYTON, MD 210361215

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WILSON, TIMOTHY A
Address: 209 WASHINGTON STREET
City-St-Zip: MIDDLETOWN, MD 217698014

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WOODFORD, DAVID
Address: 705 RANDI DRIVE
City-St-Zip: LEESBURG, VA 20175

Title: D ( ) Change (X) Addition
Name: PRUITT, ANDRE
Address: 10415 CROSSING CREEK ROAD
City-St-Zip: POTOMAC, MD 20854

Title: T ( ) Change (X) Addition
Name: STAUDENMEIER, LINDA
Address: 1003 LINDFIELD DRIVE
City-St-Zip: FREDERICK, MD 21702

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY WILSON P 01/24/2006

Electronic Signature of Signing Officer or Director Date