2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# F08000003844

Entity Name: H.D.B. CONSULTANTS, INC.

Current Principal Place of Business:

1613 SUNSET DRIVE
CLEARWATER, FL 33755

New Principal Place of Business:

405 MARIVA AVENUE
CLEARWATER, FL 33755

Current Mailing Address:

1613 SUNSET DRIVE
CLEARWATER, FL 33755

New Mailing Address:

405 MARIVA AVENUE
CLEARWATER, FL 33755

FEI Number: 95-4191221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER, KAREN M
544 JASMINE WAY
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

BECKER, KAREN M
405 MARIVA AVENUE
CLEARWATER, FL 33755 US

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: KAREN M. BECKER 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BECKER, HOWARD D
Address: 1613 SUNSET DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: ST ( ) Delete
Name: BECKER, KAREN M
Address: 1613 SUNSET DRIVE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BECKER, HOWARD D
Address: 405 MARIVA AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: ST (X) Change ( ) Addition
Name: BECKER, KAREN M
Address: 405 MARIVA AVENUE
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify 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: KAREN M. BECKER ST 05/01/2009
Electronic Signature of Signing Officer or Director Date