

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84707

FILED
Jan 16, 2006
Secretary of State

Entity Name: PARTYON CONSULTING, INC.

Current Principal Place of Business:

15141 71ST DRIVE NORTH
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

15141 71ST DRIVE NORTH
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 59-2195028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAZNAK-ALVAREZ, BONNIE L
15141 71ST DRIVE NORTH
PALM BEACH GARDENS, FL 33418 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: SD () Delete
Name: LEVINE, LORRANIE A.,
Address: 8373 MYAKKA CT
City-St-Zip: LAKE WORTH, FL 33467

Title: DT () Delete
Name: LEVINE, AARON,
Address: 8373 MYAKKA CT
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: WAZNAK, BONNIE M. LE, VINE
Address: 15141 71ST DRIVE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BONNIE M WAZNAK-ALVAREZ

MS

01/16/2006

Electronic Signature of Signing Officer or Director

Date