

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002676

FILED
Jul 09, 2008
Secretary of State

Entity Name: C.I. CONSULTING COMPANY

Current Principal Place of Business:

8799-B TAMIAMI TRL N
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

8799-B TAMIAMI TRL N
NAPLES, FL 34108

New Mailing Address:

FEI Number: 54-1562189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD
1540 GLENWAY DRIVE
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: PD () Delete
Name: O'LEARY, RICHARD
Address: 421 W. BUTE STREET
City-St-Zip: NORFOLK, VA 23510

Title: VPD () Delete
Name: O'LEARY, BARBARA
Address: 421 W. BUTE STREET
City-St-Zip: NORFOLK, VA 23510

Title: SD () Delete
Name: PAYNE, CHARLES
Address: 3357 HERON GATE
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: GMD () Delete
Name: BABKA, DINA
Address: 8799-B TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34108

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:

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

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: DINA BABKA

GMD

07/09/2008

Electronic Signature of Signing Officer or Director

_____ Date