## **2006 FOR PROFIT CORPORATION**

## **FILED**

ANNUAL REPORT				Feb 09, 2006 08:00			
DOCU	MENT # F9800000609				cretary of		
1. Entity Name CYLKY KONSULTING SERVICES, INC.						·	
OTERTIN	CONCOCTINO OLIVIOLO, INC	•					
Principal Plac	ce of Business	Mailing Address		<u> </u>			
1176 CAROL		1176 CAROLINA CIRCLE					
VERO BEACH	H, FL 32962	VERO BEACH, FL 32962					
_	A NOT WOITE	<b>6</b> 5	01062006	No Chg-P	CR2E034 (11/05)		
L	OO NOT WRITE I	CE	4. FEI Numb 35-187		<del> </del>	oplied For ot Applicab	
					of Status Desired	S8.75 Ad	
	6. Name and Address of Current Reg	Istered Agent					
	LT, SUSAN L		no	NOT W	RITE		
979 BECHLAND BLVD VERO BEACH, FL 32963							
				IN	THIS SI	ACE	
8. The above	e named entity submits this statement for the	purpose of changing its register	red office or registe	red agent, or bo	th, in the State of Fl	orida. I am familiar with	and accer
	tions of registered agent.	parpass of criming in a register.					,
SIGNATURE.	Signature, typed or printed name of registered agent and till	is if applicable (NOTE. Registere	ed Agent signature require	d when reinstating)		DATE	<del></del>
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fina After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be			
10. TITLE	OFFICERS AND DIR	ECTORS			<del></del> "	<del>"</del>	
NAME	SHIELDS, CALVIN K						
STREET ADDRESS	1176 CAROLINA CIRCLE						
CITY-ST-ZIP	VERO BEACH, FL					<del></del>	··
TITLE NAME					1100'90	0426536	
STREET ADDRESS					02/20/06	0426536 -80046-017-15	50.00
CITY-ST-ZIP			<u>.</u>				
TITLE	; }						
NAME STREET ADDRESS						7 mm, 8 mm mm	
CITY-ST-ZIP	reservation of the contract of			DO	NOT W	/RIIE	
TITLE				IN '	THIS SI	PACE	•
NAME STOCET ADDRESS	Action			#1 #	🗸		
STREET ADDRESS CITY-ST-ZIP							
TITLE			1	•			
NAME	-						
STREET ADDRESS			ł				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP MLE

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CALVIN K. SHIELDS

Z/8/06 (772)569-8879