


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # G16685
1. Entity Name:
CONSULTING, INC.



Principal Place of Business: % ANDRE BURTON, CPA
4310 SHERIDAN STREET., 2ND FL
HOLLYWOOD, FL 33021

Mailing Address: % ANDRE BURTON, CPA
4310 SHERIDAN STREET., 2ND FL
HOLLYWOOD, FL 33021



DO NOT WRITE IN THIS SPACE

01172004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2242804 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURTON, ANDRE S
4310 SHERIDAN STREET
2ND FLOOR
HOLLYWOOD, FL 33021

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reselecting)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00

9. Election Campaign Financing Trust: Fund Contribution. \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRABTREE, ROMMEL T
STREET ADDRESS	801 CEDAR LANE
CITY-ST-ZIP	BEL AIR, MD 21015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/04-80075-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 007, 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:  2/16/04 410 419 1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #