2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

FILED Mar 13, 2006 08:00 AM DOCUMENT # G16685 **Secretary of State** Entity Name CONSULTING, INC. Principal Place of Business Mailing Address % ANDRE BURTON, CPA % ANDRE BURTON, CPA 4310 SHERIDAN STREET., 2ND FL 4310 SHERIDAN STREET., 2ND FL HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 No Chg-P CR2E034 (11/05) 03012006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2242804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE BURTON, ANDRE S 4310 SHERIDAN STREET 2ND FLOOR IN THIS SPACE HOLLYWOOD, FL 33021 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 rehistating) CATE Signature, typed or printed name of registered egent and title if applicable 000000464365 \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 03/21/06-80108-020 15**0.00** Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CRABTREE, ROMMEL T 801 CEDAR LANE STREET ADDRESS BEL AIR, MD 21015 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STINEET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS City-St-7/9 TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it 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: TURE AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR