


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # G16685
 1. 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

DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-2242804 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRABTREE, ROMMEL T 801 CEDAR LANE BEL AIR, MD 21015
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 03/07/07-80025-004 150.00

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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: Rommel T. Crabtree 2/21/7 410-419-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #