
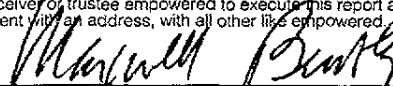


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # H87976 1. Entity Name CONSULTING ENTERPRISES, INC. | |  |
| Principal Place of Business 2333 CYPRESS STREET TAMPA, FL 33609 | Mailing Address 2333 CYPRESS STREET TAMPA, FL 33609 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent BENTLEY, MAXWELL 10603 BOCA WOODS LANE BOCA RATON, FL 33428 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-listing)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BENTLEY, RICHARD E 9133 ERMANSTRUDE CT VIENNA, VA 22182 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BENTLEY, MITCHELL E 2333 CYPRESS ST TAMPA, FL 33609 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BENTLEY, MAXWELL 10603 BOCA WOODS LANE BOCA RATON, FL 33428 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 lists empowered. | | |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>4/15/06</u> Daytime Phone # <u>561 877 1246</u> |



02222006 No Chg-P CR2E034 (11/05)

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|--|-------------------------------|
| 4. FEI Number 59-2630387 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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04/23/06-80042-019 150.00

**DO NOT WRITE
IN THIS SPACE**