


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # H87976</b><br>1. Entity Name<br>CONSULTING ENTERPRISES, INC. |  |
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|---|---|
| Principal Place of Business<br>2333 CYPRESS STREET<br>TAMPA, FL 33609 | Mailing Address<br>2333 CYPRESS STREET<br>TAMPA, FL 33609 |
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04052008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br>59-2630387 | Applied For<br>Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>BENTLEY, MAXWELL<br>10603 BOCA WOODS LANE<br>BOCA RATON, FL 33428 |
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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 000000887421<br>04/21/08-88019-018 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BENTLEY, RICHARD E<br>9133 ERMANSTRUDE CT<br>VIENNA, VA 22182      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BENTLEY, MITCHELL E<br>2333 CYPRESS ST<br>TAMPA, FL 33609         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BENTLEY, MAXWELL<br>10603 BOCA WOODS LANE<br>BOCA RATON, FL 33428 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:** Maxwell Bentley 4/5/08 561 477 1218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #