

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L12155

1. Entity Name
CONSULTIS OF BOCA RATON, INC.



Principal Place of Business
**4401 N. FEDERAL HWY
 SUITE 100
 BOCA RATON, FL 33432**

Mailing Address
**4401 N. FEDERAL HWY
 SUITE 100
 BOCA RATON, FL 33432**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0139720** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLEMING, BARBARA D
 4401 N. FEDERAL HWY., STE 100
 BOCA RATON, FL 33431**

**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 _____ 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, 2006 Fee will be \$550.00**

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

U00000514529
 04/23/06-80173-022 150.00

10. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **FLEMING, BARBARA DETTMAN**
 STREET ADDRESS **4401 N. FEDERAL HWY., STE 100**
 CITY - ST - ZIP **BOCA RATON, FL 33431**

TITLE **D**
 NAME **FLEMING, JEFFREY A**
 STREET ADDRESS **4401 N. FEDERAL HWY, SUITE 100**
 CITY - ST - ZIP **BOCA RATON, FL 33431**

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

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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: *Barbara Dettman Fleming* 4/14/06 361-362-9104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #