2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L83458

1. Entity Name
CONSULTIS, INC.

Principal Place of Business	Mailing Address
4401 N. FEDERAL HWY. #100 BOCA RATON, FL 33431 US	4401 N. FEDERAL HWY. #100 BOCA RATON, FL 33431 US

DO NOT WRITE IN THIS SPACE

04122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0205868	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

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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

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	U00000514544 04/29/06-80173-025 150.00

10.   OFFICERS AND DIRECTORS

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

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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: _Barbara Dettman Fleming_   4/14/06   561-362-9104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #