2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M57989

1. Entity Name

SUMMIT EXECUTIVE SEARCH CONSULTANTS, INCORPORATED



Principal Place of Business

245 SOUTHEAST FIRST STREET

SUITE 319

CITY-ST-ZIP

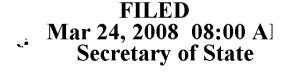
MIAMI, FL 33131 US

Mailing Address

245 SOUTHEAST FIRST STREET

SUITE 319

MIAMI, FL 33131 US





DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2839994

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HOLZMAN, ALFRED J PRESIDE 245 SOUTHEAST FIRST STREET SUITE 319 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE Signature, typed or prelied name of registered agent and title if applicable. (NOTE: Registered Agent agent are gnature required when revisiting) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	######################################	05 3-022 150.00
10.	OFFICERS AND DIREC	TORS	energy (4. Augustus (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZMAN, ALFRED J 175 SE 25 RD C-7 MIAMI, FL 33129					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRIT	E
DTLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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

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: CLASS SIGNATURE AND TYPED OR PRIVATE NAME OF SIGNING OFFICER OR DIRECTOR

3-22-2008 305-379-5008

Daytime Phone #