

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90182 009 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # M85598 1. Entity Name PRAENDEX CONSULTING, INC. | | | |
| Principal Place of Business 13575 58TH ST. N. STE 112 CLEARWATER, FL 33760 US | | Mailing Address 13575 58TH ST. N. STE 112 CLEARWATER, FL 33760 US | |
| 2. Principal Place of Business 111 2ND AVE. NE Suite, Apt. #, etc. SUITE 341 | | 3. Mailing Address 111 2ND AVE. NE Suite, Apt. #, etc. SUITE 341 | |
| City & State ST. PETERSBURG, FL | | City & State ST. PETERSBURG, FL | |
| Zip 33701 | Country | Zip 33701 | Country |
| 4. FEI Number 59-2893832 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DENTINGER, JAMES L 13575 58TH ST. NORTH SUITE 107 CLEARWATER, FL 34620 | | 7. Name and Address of New Registered Agent Name DENTINGER, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 111 2ND AVE. NE SUITE 341 City ST. PETERSBURG FL Zip Code 33701 | |
| 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.</small> | | DATE 4/27/06 <small>(NOTE: Registered Agent signature required when reinstating)</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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD DENTINGER, JAMES L 6211 SECOND STREET SOUTH ST. PETERSBURG, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT DENTINGER, JAMES L 6211 SECOND ST. SOUTH ST. PETERSBURG, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: | | JAMES L. DENTINGER (727) 538-4168 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |