

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N08000001720

Entity Name: LIZ RESOURCES CONSULTING INC.

Current Principal Place of Business:

101 HERITAGE CIRCLE
PANAMA CITY, FL 32407

New Principal Place of Business:

Current Mailing Address:

101 HERITAGE CIRCLE
PANAMA CITY, FL 32407

New Mailing Address:

FEI Number: 61-1554634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIZARRAGA, AMIR S D
101 HERITAGE CIRCLE
PANAMA CITY, FL 32407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIZARRAGA, AMIR S D
Address: 101 HERITAGE
City-St-Zip: PANAMA CITY, FL 32407

Title: D () Delete
Name: SKEELE, JAMES D
Address: 221 SOUTH 2ND ST
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D () Delete
Name: WILSON, BARRY D
Address: 819 E/ 9TH STREET
City-St-Zip: PANAMA CITY BCH, FL 32401

Title: D () Delete
Name: SHUTES, MIRIAM D
Address: 1113 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: O () Delete
Name: FRITZGERALD, MICHAEL O
Address: 2913 MINNESTOTA AVE UNIT N
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: MCNEAL, SANDRA S
Address: 925 BAY AVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CUTRIGHT, JOHN D
Address: 6132 IMPERIAL DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: SHUTES, MIRIAM D
Address: 1113 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCNEAL, SANDRA S
Address: 925 BAY AVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMIR LIZARRAGA

Electronic Signature of Signing Officer or Director

MGR

03/22/2009

_____ Date