2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P00000000842 t. Entity Name CPA ESTATE CONSULTING, INC. Principal Place of Business Mailing Address 209 FIFTH AVE 209 FIFTH AVE MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 i No Chg-P CR2E034 (11/05) 04192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number , NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PANOUSE, KURT D DO NOT WRITE 209 FIFTH AVE MELBOURNE BEACH, FL 32951 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. Signature, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PANOUSES, KURT D STREET ADDRESS 209 FIFTH AVE CITY-S7-7IP MELBOURNE BEACH, FL 32951 U00000529319 TITLE 05/05/06-80069-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 it made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RIGHATURY AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-18-06

(321/729-9455

FILED