2006 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED

ANNUAL REPORT				Jan 11, 2006 08:00 A			
DOCUMENT # P0000007222 1. Entity Name GELBER CONSULTING CORP.					Sec	retary	of State
Principal Place of Business C/O GELBER AND CO. 11450 INTERCHANGE CIR. NORTH MIRAMAR, FL 33025 Mailing Address C/O GELBER AND CO. 11450 INTERCHANGE CIR. NORTH MIRAMAR, FL 33025		शाम					
D	O NOT WRITE	CE	01062006 No Chg-P CR2E034 (11/05)				
	6. Name and Address of Current Re	istered Agent			•		•
GELBER, RONALD S C/O GELBER & CO. 11450 INTERCHANGE CIR. N. MIRAMAR, FL 33025			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for thions of registered agent,	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida. 1 am famili	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	itle if applicable. (NOTE, Register	ed Agent signatura required	When reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P GELBER, RONALD CPA C/O G&C 11450 INTERCHANGE C MIRAMAR, FL 33025	R. N			Unnanc	1382434	
NAME STREET ADDRESS CITY-ST-ZIP					1900000 01/12/06-	-80010-01	8 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT W		
NAME STREET ADDRESS CATY-ST-ZIP				IN	THIS SF	YACE	
TITLE			I				

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.

1/6/06 SIGNATURE: Linus Studie Row Mrs. GEBEC PLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR