

FILED
Feb 25, 2005 8:00 am
Secretary of State

40023359

DOCUMENT # P00000008485 1. Entity Name ELLIOTT FISHER CONSULTING, INC.		02-25-2005 90152 042 ***150.00	
Principal Place of Business 14905 WEDGEFIELD DR BLDG 12 202 DELRAY BEACH, FL		Mailing Address 3452 W. BOYNTON BLVD. STE. 10 BOYNTON BEACH, FL 33436	
2. Principal Place of Business		3. Mailing Address BLDG 14905 WEDGEFIELD DR #12	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 202	
City & State		City & State DEURAY BEACH, FL	
Zip	Country	Zip	Country
		33446	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISHER, ELLIOTT 3452 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436		Name Street Address (P.O. Box Number is Not Acceptable) BLDG 14905 WEDGEFIELD DR. #12 #202 City DEURAY BEACH FL Zip Code 33446	
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 <i>[Signature]</i> 2/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD FISHER, ELLIOTT 14905 WEDGEFIELD DR BLDG 12, 202 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> 2/23/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			