

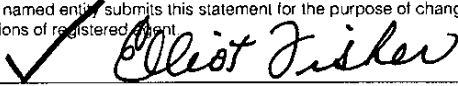
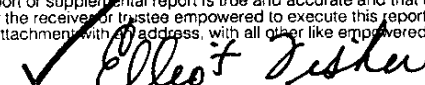


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90365 014 ***150.00

DOCUMENT # P00000008485 1. Entity Name ELLIOTT FISHER CONSULTING, INC.																													
Principal Place of Business 14905 WEDGEFIELD DR BLDG 12 202 DELRAY BEACH, FL			Mailing Address 14905 WEDGEFIELD DR 112 202 DELRAY BEACH, FL 33446																										
2. Principal Place of Business 6723 Bridlewood CT Suite, Apt. #, etc.		3. Mailing Address 6723 Bridlewood CT Suite, Apt. #, etc.																											
City & State Boca Raton, FL Zip 33433 Country		City & State Boca Raton, FL Zip 33433 Country		4. FEI Number 65-0973118																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03052006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent FISHER, ELLIOTT 3452 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6723 Bridlewood CT City Boca Raton FL Zip Code 33433																										
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  3/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FISHER, ELLIOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14905 WEDGEFIELD DR BLDG 12, 202</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELRAY BEACH, FL 33446</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	FISHER, ELLIOTT		STREET ADDRESS	14905 WEDGEFIELD DR BLDG 12, 202		CITY - ST - ZIP	DELRAY BEACH, FL 33446		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P.D.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Fisher, Elliott</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6723 Bridlewood Ct.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Boca Raton, FL 33433</td> <td></td> </tr> </table>			TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Fisher, Elliott		STREET ADDRESS	6723 Bridlewood Ct.		CITY - ST - ZIP	Boca Raton, FL 33433	
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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 address, with all other like empowered. SIGNATURE:  3/3/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													