## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

	MENT # P000000124	55			S	ecretary of Sta
1. Entity Nam HALLMA	N CONSULTING, INC.	المعراف المحافظ المرابع المعراف المعرف الموادر وهاها هذا المحرف المهاد والمائد المدادرة		A PROPERTY OF		
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Principal Place 15608 BERI ODESSA, FL		Mailing Address 15608 BEREA DR ODESSA, FL 33556	1			, ,
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				사항 [ - ]	<b>    </b>	
C	O NOT WRITE		CE	4. FEI Numb 59-362 5. Certificate		CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
<del>-</del>	6. Name and Address of Current Re	gistered Agent				
BAPTISTE 15608 BEF ODESSA,	REA DRIVE			a "是我的",他们的问题。 \$	NOT W THIS SP	
8. The above the obligat	named entity submits this statement for thions of registered agent,	e purpose of changing its registere	ed office or reg	gistered agent, or bo	oth, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE	Signature: typed or printed name of registered agent and it	itte il applicable (NOTE: Registere	d Agent signature re	equired when reinstating)	<u></u>	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign'Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees,	7	
10.	OFFICERS AND DIF	ECTORS	last (2)			
NAME STREET ADDRESS CITY-ST-ZIP	HALLMAN, MARLIN 15608 BOREA DRIVE ODESSA, FL 33556				05/23/08 05/23/08	935017 -80055-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
NAME STREET ADDRESS CITY-ST-ZIP					THIS SP	
INTLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
indicated of the corp	erify that the information supplied with this on this report or supplemental report is tru- poration or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my signati ed to execute this report as requir	ure shall have	the same legal effect	it as if made under oa	ath, that I am an officer or director