

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P000006 25589		
1. Entity Name <i>PRINCIPLE CONSULTING, Inc</i>		
Principal Place of Business <i>6301 COLLINS AVE UNIT 1605 MIAMI BEACH FL 33141</i>		Mailing Address
2. Principal Place of Business		3. Mailing Address <i>650 NW 43 AVE</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State <i>MIAMI FL</i>
Zip	Country	Zip <i>33141</i> Country <i>DADE</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<i>PRINCIPLE, MICHELE 6301 COLLINS AVE UNIT 1605 MIAMI BEACH FL 33141</i>		Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code <i>FL</i>
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.		
<p>SIGNATURE</p> <p>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</p> <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p><input type="checkbox"/> Delete</p> <p><i>P MICHELE PRINCIPLE 6301 COLLINS AVE APT 1605 MIAMI BEACH FL 33141</i></p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p><i>JP GALE JOHN 1001 BRICKELL BAY DR UNIT 1508 MIAMI FL 33131</i></p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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**FILED
May 10, 2007 8:00 am
Secretary of State**

05-10-2007 90031 013 ***150.00

40110488



MOORE CR2E034 (11/03)

4. FEI Number <i>651080621</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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: *X Michele Principle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #