2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 11, 2007 08:00 All Secretary of State DOCUMENT-# P00000043864 1. Entity Name RICHARD A. WEINER CONSULTANT INC. Principal Place of Business Mailing Address 8910 NW 38TH ST COOPER CITY FL 33024 8910 NW 38TH ST COOPER CITY FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1003429 Not Applicable Zın Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINER, RICHARD A 8910 NW 38TH ST Street Address (P.O. Box Number is Not Acceptable) COOPERCITY FL 33024 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete HILE ■ Addition WEINER, RICHARD NAME NAME 8910 NW 38TH ST STREET ADDRESS STREET ADDRESS *U00000069968* COOPER CITY FL 33024 CITY-ST-ZIP CITY-ST-ZIP IIILE Delete IIILE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP IIILE Delete THEF Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Daytime Phone #