

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000044088</b> 1. Entity Name <b>ALLEN CONSULTING, INC.</b>			
Principal Place of Business <b>1751 SW 44TH AVENUE GAINESVILLE, FL 32608</b>		Mailing Address <b>1751 SW 44TH AVENUE GAINESVILLE, FL 32608</b>	
2. Principal Place of Business <b>6120 AVOCKETRIDGE DR LITHIA, FL</b>		3. Mailing Address <b>6120 AVOCKETRIDGE DR LITHIA, FL</b>	
Suite, Apt. #, etc. <b>LITHIA, FL</b>		Suite, Apt. #, etc. <b>LITHIA, FL</b>	
City & State <b>LITHIA, FL</b>		City & State <b>LITHIA, FL</b>	
Zip <b>33547</b>		Zip <b>33547</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3643589</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>B. TODD ALLEN 401 HAVENWOOD WAY VALRICO, FL 33594</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'</b>	
TITLE <b>D</b> NAME <b>B. TODD ALLEN</b> STREET ADDRESS <b>401 HAVENWOOD WAY</b> CITY-ST-ZIP <b>VALRICO, FL 33594</b>	<input type="checkbox"/> Delete	TITLE <b>B. TODD ALLEN</b> NAME <b>B. TODD ALLEN</b> STREET ADDRESS <b>6120 AVOCKETRIDGE DRIVE</b> CITY-ST-ZIP <b>LITHIA, FL 33547</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>B. Todd Allen</b>		Date: <b>4/07/05</b> Daytime Phone #: <b>813-382-8077</b>	