

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056430

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: E - CONSULTING INCORPORATED

## Current Principal Place of Business:

16300 N.E. 19TH AVENUE  
SUITE 215  
N. MIAMI BEACH, FL 33162 US

## Current Mailing Address:

16300 N.E. 19TH AVENUE  
SUITE 215  
N. MIAMI BEACH, FL 33162 US

FEI Number: 65-1019466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

16499 N.E. 19TH AVENUE  
SUITE 104  
N. MIAMI BEACH, FL 33162 US

## New Mailing Address:

16499 N.E. 19TH AVENUE  
SUITE 104  
N. MIAMI BEACH, FL 33162 US

## Name and Address of Current Registered Agent:

NUBIAN BUSINESS CENTER  
16300 N.E. 19TH AVENUE  
SUITE 215  
N. MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

NUBIAN BUSINESS CENTER  
16499 N.E. 19TH AVENUE  
SUITE 104  
N. MIAMI BEACH, FL 33162 US

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.

SIGNATURE: MICHAEL LAWRENCE

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LAWRENCE, MICHAEL L  
Address: 16300 N.E. 19 AVENUE SUITE 215  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: ST ( ) Delete  
Name: LAWRENCE, BETTY Y  
Address: 16300 N.E. 19 AVENUE SUITE 215  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LAWRENCE, MICHAEL L  
Address: 16499 N.E. 19 AVENUE SUITE 104  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: ST (X) Change ( ) Addition  
Name: LAWRENCE, BETTY Y  
Address: 16499 N.E. 19 AVENUE SUITE 104  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L LAWRENCE

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date