


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 A**  
**Secretary of State**

**DOCUMENT # P0000065927**  
1. Entity Name  
**BIANG CONSULTING INC.**



Principal Place of Business      Mailing Address  
**9335 87TH AVENUE NORTH**      **9335 87TH AVENUE NORTH**  
**SEMINOLE, FL 33777**      **SEMINOLE, FL 33777**



02062004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**52-2254597**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**RITTER, ERIC A**  
**9335 87TH AVENUE NORTH**  
**SEMINOLE, FL 33777**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**


U000001066825  
02/26/04-80031-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RITTER, ERIC A
STREET ADDRESS	9335 87TH AVENUE NORTH
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Eric A Ritter**      **5-Feb-2004**      **1-877-667-7021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #