



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90041 018 \*\*\*150.00

<b>DOCUMENT # P00000076456</b>					
<b>1. Entity Name</b> DUKES CONSULTING, INC.					
<b>Principal Place of Business</b> 152 NE 167 ST. #404 NORTH MIAMI BEACH, FL 33162			<b>Mailing Address</b> 152 NE 167 ST. #404 NORTH MIAMI BEACH, FL 33162		
<b>2. Principal Place of Business</b> 290 NW 165 Street Suite, Apt. #, etc. M100 City & State Miami, Fl. Zip 33169 Country US		<b>3. Mailing Address</b> 290 NW 165 Street Suite, Apt. #, etc. M100 City & State Miami, Fl. Zip 33169 Country US			
<b>4. FEI Number</b> 65-1031312		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> DUKES, AMY 152 NE 167 STREET 301 MIAMI, FL 33162			<b>7. Name and Address of New Registered Agent</b> Name Dukes, Amy Street Address (P.O. Box Number is Not Acceptable) 290 NW 165 Street M100 City Miami FL Zip Code 33169		
<b>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.</b> SIGNATURE: <i>Amy Dukes</i> DATE: 3-21-05 <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</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> DUKES, JOHN <b>STREET ADDRESS</b> 152 NE 167 ST., #404 <b>CITY-ST-ZIP</b> NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Dukes, John <b>STREET ADDRESS</b> 290 NW 165 Street M100 <b>CITY-ST-ZIP</b> Miami, Fl. 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DUKES, AMY <b>STREET ADDRESS</b> 152 NE 162 STREET, #404 <b>CITY-ST-ZIP</b> NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Dukes, Amy <b>STREET ADDRESS</b> 290 NW 165 Street M100 <b>CITY-ST-ZIP</b> Miami, Fl. 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Amy Dukes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-21-05 305-949-9155 <small>Date Daytime Phone #</small>		