2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P0100000474 1. Entity Name SKILLED CONSULTING, INC. 03-06-2001 90341 047 ***158.75 Principal Place of Business . Mailing Address 12684 NW 13 CT. 12684 NW 13 CT. SUNRISE FL 33323 SUNRISE FL 33323 3. Mailing Address 2. Principal Place of Business 1264 8 NW 13Ct 2648 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 105-1063036 GUNRISE SUNRUSE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARNDEN, DEBORAH A DR (S.O. Box Number is Not Acceptable) 12684 NW 13 CT. SUNRISE FL 33323 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition TITLE DPS ☐ Delete TITLE NAME NAME HARNDEN, DEBORAH A DR 12648 STREET ADDRESS STREET ADDRESS 12684 NW 13 CT. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change - Delete. TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e Daytime Phone #