2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037061

Entity Name: KAVANAGH CONSULTING, INC.

FILED May 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5066 POINTE EMERALD LANE 600 JEFFERSON DR BOCA RATON, FL 33486

#101, BLD 9

DEERFIELD BEACH, FL 33442 US

Current Mailing Address: New Mailing Address:

600 JEFFERSON DR 9164 RUTLERDGE AVE

101, BLD 9 BOCA RATON, FL 33434 US

DEERFIELD BEACH, FL 33442 US

FEI Number: 65-1096057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GASKILL, CLARE K GASKILL, CLARE K 5066 POINT EMERALD LANE 600 JEFFERSON DR,

BOCA RATON, FL 33486 #101, BLD 9

DEERFIELD BEACH, FL 33442 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: CLARE GASKILL 05/14/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GASKILL, CLARE K GASKILL, CLARE K Name: Name: 1320 SW 19TH STREET 600 JEFFERSON DR, #101, BLD 9 Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: DEERFIELD BEACH, FL 33442 US

() Delete Title: PST Title: (X) Change () Addition Name: KAVANAGH, CLAIRE Name: OWEN, WILLIAM THOMAS

9164 RUTLEDGE AVE Address: 600 JEFFERSON DR,,# 101, BLD 9 Address: BOCA RATON, FL 33434 DEERFIELD BEACH, FL 33442 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARE GASKILL **PST** 05/14/2005