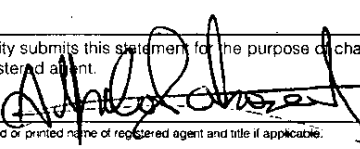
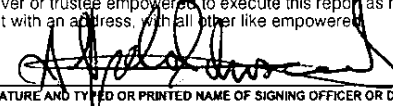


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90204 009 ***150.00

DOCUMENT # P01000038553 1. Entity Name COSTA NORTE CONSULTING, INC.					
Principal Place of Business 6747 CHERRY GROVE CR ORLANDO, FL 32809			Mailing Address 6747 CHERRY GROVE CR ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box # 10452 Park Commons Dr		3. Mailing Address 10452 Par Commons Dr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 59-3711043	
Zip 32832		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIETROSEMOLI, ALFREDO 6747 CHERRY GROVE CR ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Pietrosemoli, Alfredo Street Address (P.O. Box Number is Not Acceptable) 10452 Park Commons Dr City Orlando FL Zip Code 32832			
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 04-18-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIETROSEMOLI, ALFREDO 6747 CHERRY GROVE CR ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUGNO, MARIANGELA 6747 CHERRY GROVE CR ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pietrosemoli, Alfredo 10452 Park Commons Dr Orlando, FL 32832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cugno, Mariangela 10452 Park Commons Dr Orlando, FL 32832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pietrosemoli, Marianna 10452 Park Commons Dr Orlando, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			04-16-2007 407-496-8912		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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