

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055894

FILED
Apr 10, 2007
Secretary of State

Entity Name: FACILITIES MANAGEMENT CONSULTING, INC.

Current Principal Place of Business:

15838 ARABIAN WAY
MONTVERDE, FL 34756

New Principal Place of Business:

4728 SUTTON TERRACE
ORLANDO, FL 32811

Current Mailing Address:

15838 ARABIAN WAY
MONTVERDE, FL 34756

New Mailing Address:

4728 SUTTON TERRACE
ORLANDO, FL 32811

FEI Number: 59-3725957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, BENJAMIN W
15838 ARABIAN WAY
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

MEADOWS, BENJAMIN W
4728 SUTTON TERRACE
ORLANDO, FL 32811 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: BENJAMIN W. MEADOWS

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEADOWS, BENJAMIN W
Address: 15838 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

Title: CEOD (X) Delete
Name: MEADOWS, TAMELA L
Address: 15838 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

Title: VD () Delete
Name: MEADOWS, CORBIE L
Address: 3670 DERBYSHIRE DR., #112
City-St-Zip: CASSELBERRY, FL 32707

Title: STD () Delete
Name: MEADOWS, BENJAMIN W II
Address: 2700 REYNOLDA RD., #1513
City-St-Zip: WINSTON-SALEM, NC 27106

Title: D () Delete
Name: KITCHEN, ROSE P
Address: 3701 S. LAKE ORLANDO PKWAY, UNIT #5
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEADOWS, BENJAMIN W
Address: 4728 SUTTON TERRACE
City-St-Zip: ORLANDO, FL 32811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MEADOWS, CORBIE L
Address: 1134 POINTE NEWPORT TERR., #200
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BENJAMIN W. MEADOWS

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date