

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 013 ***150.00

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DOCUMENT # P01000066589 1. Entity Name CUMMINGS CONSULTING INC.					
Principal Place of Business 356 WHITFIELD ROAD FREEPORT, FL 32439 US			Mailing Address 356 WHITFIELD ROAD FREEPORT, FL 32439 US		
2. Principal Place of Business 169 COQUINA KEY DR. Suite, Apt. #, etc.		3. Mailing Address 169 COQUINA KEY DR. Suite, Apt. #, etc.		01302006 Chg-P CR2E034 (11/05)	
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL		4. FEI Number 59-3741087	
Zip 32176		Country VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUMMINGS, JOSEPH PATRICK 356 WHITFIELD ROAD FREEPORT, FL 32439		7. Name and Address of New Registered Agent Name SAME AS IN BLOCK #6 Street Address (P.O. Box Number is Not Acceptable) 169 COQUINA KEY DRIVE City ORMOND BEACH FL Zip Code 32176			
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 <u><i>Joseph Patrick Cummings</i></u> JOSEPH PATRICK CUMMINGS / PRESIDENT 2/1/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	V EISENHARD CUMMINGS, JULIE 356 WHITFIELD ROAD FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S CUMMINGS, JULIE EISENHARD 169 COQUINA KEY DR. ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, JOSEPH PATRICK 356 WHITFIELD ROAD FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T CUMMINGS, JOSEPH PATRICK 169 COQUINA KEY DRIVE ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u><i>Joseph Patrick Cummings</i></u> JOSEPH PATRICK CUMMINGS 2/1/06 850428-1744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					