FILED
May 02, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069872

1. Entity Name
AD/400 CONSULTING, INC.

Principal Place of Business	Mailing Address
2309 SALEM DRIVE DELTONA, FL 32738	2309 SALEM DRIVE DELTONA, FL 32738

04302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3733324

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBA-DESMOND, CHRISTINE G
2309 SALEM DRIVE
DELTONA, FL 32738

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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
(Signature, typed or printed name of registered agent and date required. NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/ST
NAME	ALBA-DESMOND, CHRISTINE G
STREET ADDRESS	2309 SALEM DRIVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	D
NAME	ALBA-DESMOND, CHRISTINE G
STREET ADDRESS	2309 SALEM DRIVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80110-025 150.00

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12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Desmond 4/28/05 (386)860-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #