

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081655

FILED  
Jul 16, 2007  
Secretary of State

Entity Name: EVERGREEN CONSULTING CORP.

## Current Principal Place of Business:

206 N.W. 5TH AVE.  
HALLANDALE, FL 33008

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 12  
HALLANDALE, FL 33008

## New Mailing Address:

FEI Number: 16-1612308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANTHONY VULPIS  
206 N.W. 5TH AVE.  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

ANTHONY VULPIS  
2000 N 46 AVE  
HOLLYWOOD, FL 33021 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: ANTHONY VULPIS

07/16/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: VULPIS, ANTHONY E  
Address: 206 N.W. 5TH AVE.  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: VULPIS, ANTHONY E  
Address: 2000 N 46 AVE  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY VULPIS

PRES

07/16/2007

Electronic Signature of Signing Officer or Director

Date