


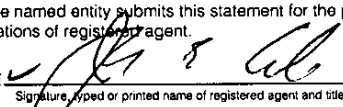
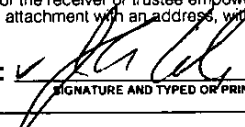
2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90085 001 \*\*\*300.00

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DOCUMENT # P01000085097			
1. Entity Name COLE'S BUSINESS CONSULTING, INC.			
Principal Place of Business 11000 METRO PKWY STE 3 FORT MYERS, FL 33912		Mailing Address 11000 METRO PKWY STE 3 FORT MYERS, FL 33912	
2. Principal Place of Business 12244 Treeline Ave. Suite, Apt. #, etc. #6 City & State Fort Myers, FL Zip 33913 Country USA		3. Mailing Address 12244 Treeline Ave. Suite, Apt. #, etc. #6 City & State Fort Myers, FL Zip 33913 Country USA	
01182006		Chg-P	CR2E034 (11/05)
4. FEI Number 65-1136859		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, JOHN E 11210 BENT PINE DR FT MYERS, FL 33913		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 1-19-06 <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, 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	DVS COLE, JOHN E 11210 BENT PINE DR FT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  DATE: 1-18-06 <small>Signature and typed or printed name of signing officer or director</small>			