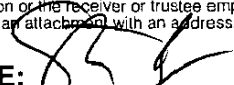


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90030 022 \*\*\*150.00

<b>DOCUMENT # P01000106734</b>					
<b>1. Entity Name</b> JUNIPER CONSULTING, INC.					
<b>Principal Place of Business</b> 2901 ROCK ISLAND ROAD APT 105 MARGATE, FL 33063 US			<b>Mailing Address</b> 2901 ROCK ISLAND ROAD APT 105 MARGATE, FL 33063 US		
<b>2. Principal Place of Business</b> 4322 NW 88th TERR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4322 NW 88th TERR Suite, Apt. #, etc.			
<b>City &amp; State</b> CORAL SPRINGS, FL		<b>City &amp; State</b> CORAL SPRINGS, FL		<b>4. FEI Number</b> 65-1151375	
<b>Zip</b> 33065		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PRAGER, STEVEN 2901 N. ROCK ISLAND ROAD APT. 105 POMPANO BEACH, FL 33063			<b>7. Name and Address of New Registered Agent</b> Name: Steven Prager Street Address (P.O. Box Number is Not Acceptable): 4322 NW 88th TERR City: CORAL SPRINGS FL Zip Code: 33065		
<b>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.</b> SIGNATURE:  DATE: 2/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PRAGER, STEVEN 2901 N. ROCK ISLAND ROAD #105 MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PRAGER, STEVEN 4322 NW 88th TERR CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			2/4/04 9546634348 <small>Date Daytime Phone #</small>		