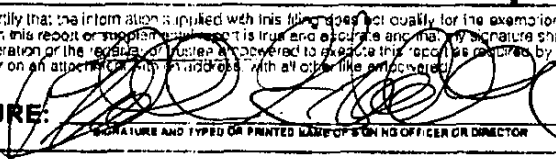


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000117294		
1. Entity Name GREENWALD CONSULTING CORP.		
Principal Place of Business 815 SE 1ST AVE HALLANDALE, FL 33009		Mailing Address 815 SE 1ST AVE HALLANDALE, FL 33009
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GREENWALD, DR. BRETT 815 SE 1ST AVE HALLANDALE, FL 33009		DO NOT WRITE IN THIS SPACE
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 _____ Signature, type or print name of registered agent and fee payable. (NOTE: Registered Agent signature required when certifying)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	GREENWALD, BRETT DR	
STREET ADDRESS	8496 SE MANGROVE ST	
CITY-STATE-ZIP	HOBE SOUND, FL 33455	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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 statement 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 secretary or treasurer and I am authorized to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like attachments.		
SIGNATURE: 		4/29/07 954-818-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE



06012007 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0602209Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**U000000760769
05/25/07-80028-013 150.00**DO NOT WRITE
IN THIS SPACE**CFLH
1724