## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # P02000028322 1. Entity Name M.H.C. CONSULTING, INC. Principal Place of Business Mailing Address 16830 SW 52 PL 16830 SW 52 PL SOUTHWEST RANCHES, FL 33331 SOUTHWEST RANCHES, FL 33331 04112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0584576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHEN, MICHAEL J ESQ. DO NOT WRITE 1792 BELL TOWER LANE WESTON, FL 33326 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable U00000304988 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/14/05-80066-002 150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME COHEN, MARSHALL H 16830 SW 52 PL STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES, FL 33331 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

TITLE NAME STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED