2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P02000037152** 1. Entity Name KOVACS CONSULTING CORP. Principal Place of Business Mailing Address 1000 N. HIATUS ROAD 1000 N. HIATUS ROAD #110 PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 DO NOT WRITE IN THIS SPACE 04212005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 04-3636427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent KOVACS, STEPHEN L JR. DO NOT WRITE 10807 WHITEHAWK STREET PLANTATION, FL 33324 IN THIS SPACE 5. 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, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE KOVACS, STEPHEN L JR. NAME STREET ADDRESS 1000 N. HIATUS ROAD, #110 PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-719 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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 efficer 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 it 1

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