


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P02000043094 |  |
| 1. Entity Name KALEB CONSULTING, INC. | |

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|---|---|
| Principal Place of Business 5802A EAST FOWLER AVENUE SUITE 144 TEMPLE TERRACE, FL 33617 | Mailing Address 5802A EAST FOWLER AVENUE SUITE 144 TEMPLE TERRACE, FL 33617 |
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01132005 No Chg-P CR2E034 (10/03)

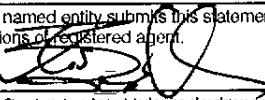
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|----------------------------------|--|
| 4. FEI Number 03-0431922 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BRAMBLE, GEMMA
5802A EAST FOWLER AVENUE
SUITE 144
TAMPA, FL 33617

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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, the registered agent.

SIGNATURE:  **GEMMA BRAMBLE, PRESIDENT** 04-22-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00. | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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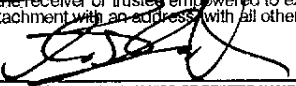
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAMBLE, GEMMA 5802A EAST FOWLER AVENUE SUITE 144 TEMPLE TERRACE, FL 33617 |
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04/26/05-80019-022 158.75

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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.

SIGNATURE:  **GEMMA BRAMBLE** 04-22-05 813-988-6747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #