


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000061432</b> 1. Entity Name MEICHENBAUM CONSULTING, INC.	
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Principal Place of Business 215 SAND KEY ESTATES DR CLEARWATER BEACH, FL 33767-2979	Mailing Address 215 SAND KEY ESTATES DR CLEARWATER BEACH, FL 33767-2979
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03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0705804	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LOVELACE, WILLIAM K ESQ. 401 S. LINCOLN AVENUE CLEARWATER, FL
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEICHENBAUM, DONALD H 215 SAND KEY ESTATES DR CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEICHENBAUM, MARIANNE 215 SAND KEY ESTATES DR CLEARWATER, FL 33767
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000662892 03/21/07-80031-012 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 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>SIGNATURE:</b> <u>DONALD MEICHENBAUM</u> <u>Donald Meichenbaum</u> <u>March 8, 2007</u> <u>727-595-0491</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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