

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000069570	
1. Entity Name ELM TREE CONSULTING, INC.	

Principal Place of Business 3606 S. OCEAN BLVD., SUITE 1001 HIGHLAND BEACH FL 33487	Mailing Address 3606 S. OCEAN BLVD., SUITE 1001 HIGHLAND BEACH FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 43-1979006	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUNTZ, THOMAS 3606 S OCEAN BLVD STE 1001 HIGHLAND BEACH FL 33487
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

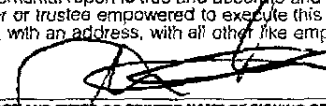
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUNTZ, ANNA L 3606 S. OCEAN BLVD., SUITE 1001 HIGHLAND BEACH FL 33487 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUNTZ, THOMAS 3606 S. OCEAN BLVD., #1001 BOCA RATON FL 33487 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CARLSTROM, LEIF OSTERGATAN 37 7TR 15243 SODERTALJE, SWEDEN ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LUNTZ, TOM 3606 S. OCEAN BLVD., #1001 BOCA RATON FL 33487 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LUNTZ, KAY A 336 DREA CIRCLE NE NORTH CANTON OH 44720 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000412789 02/10/06-80061-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  1/26/06