2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 27, 2008
Secretary of State

DOCUMENT# P02000084973

Entity Name: FLA CONSULTING, INC.

Current Principal Place of Business:

931 S.R .434 #201
201
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2200 WINTER SPRINGS BV
STE 106-321
OVIEDO, FL 32765

Current Mailing Address:

931 S.R .434 #201
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

2200 WINTER SPRINGS BV
STE 106-321
OVIEDO, FL 32765

FEI Number: 52-2373717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZAR, FRANK L
931 S.R. 434 #201
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

AZAR, DOROTHY M
2200 WINTER SPRINGS BV
STE #106-321
OVIEDO, FL 32765 US

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.

SIGNATURE: DOROTHY M. AZAR 09/27/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AZAR, FRANK L
Address: 931 S.R. 434 #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: AZAR, DOROTHY
Address: 931 S. R. 434 #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AZAR, DOROTHY M
Address: 2200 WINTER SPRINGS BV. #106-321
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change ( ) Addition
Name: AZAR, DOROTHY
Address: 2200 WINTER SPRINGS BV, STE#106-321
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M. AZAR P 09/27/2008
Electronic Signature of Signing Officer or Director Date