


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P02000124519 |  |
| 1. Entity Name DIG CONSULTING INC. | |

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business 17682 SEALAKES DRIVE BOCA RATON, FL 33498 | Mailing Address 17682 SEALAKES DRIVE BOCA RATON, FL 33498 |
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03192005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 11-3560820 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BUDNER, MORDECAI 17682 SEALAKES DRIVE BOCA RATON, FL 33498 |
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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 registered agent

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

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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 | P GERSHMAN, IRENE 17682 SEALAKES DRIVE BOCA RATON, FL 33498 |
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05/02/05-80043-014 150.00

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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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irene DeBBio Gershman* *ehm...* *...* *917-689-14*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *4/30/05* Daytime Phone #