2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: 스

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 18, 2005 8:00 am Secretary of State DOCUMENT # P02000130923 1. Entity Name 03-18-2005 90062 039 ***158.75 O'NEILL CONSULTING, INC. Principal Place of Business Mailing Address V N N 2 U L 4296 S.E. COVE LAKE CIRCLE 4296-S.E. GOVE-LAKE CIRCLE UNIT-#208 UNIT #208-STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 90-0054561 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'NEILL, BRIAN 4296 S.E. COVE L'AKE CIRCLE Street Address (P.O. Box Number is Not Acceptable) UNIT #208 Pisa Drive STUART FL 34997 1. Zip Code 328/0 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 egistered agent BAIAN O'NEILL, PRESIDENT SIGNATURE MUNICIPALITY OF THE STATE Signature; typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18/\$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE PRESIDENT O'NEILL BRIAN D'NEILL BRIAN NAME NAME 4296 S.E. GOVE LAKE CIRCLE, #208-8763 Pisa DRIVE, #526 ORLANDO, FL 32810 STREET ADDRESS STREET ADDRESS CITY-ST-7IP STUART FL 34997 CITY-ST-ZIP DIRECTOR TITLE ☐ Defete TITLE ☐ Addition O'NEILL, DENISE M O'NEILL, DENISE M NAME 8763 PISCL DRIVE, # 526 STREET ADDRESS 4296 S.E. COVE LAKE CIRCLE, #208 STREET ADDRESS STUART-FL 34997 CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32810 TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

BRIAN O'NEILL

FILED