


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000131219 1. Entity Name ANCHOR CONSULTANCY CORPORATION	
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Principal Place of Business 3342 HILLMONT CIRCLE ORLANDO, FL 32817	Mailing Address PO BOX 5447 WINTER PARK, FL 32793-5447
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DO NOT WRITE IN THIS SPACE



06162006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1819019	Applied For <input type="checkbox"/> Not Applicable
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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 GABUCAN, JOSE MIGUELITO 3342 HILLMONT CIRCLE ORLANDO, FL 32817
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DO NOT WRITE 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06/20/06-80001-005 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GABUCAN, JOSE M 3342 HILLMONT CIRCLE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAGANI, VALENTI F JR 2318 INDIAN MOUND TR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAUSTMANN, J RAMON L 119 EASTERN FORK LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NERI, NICOLAS E 1607 SEALINER ROAD HOUSTON, TX 77062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE MIGUELITO G. GABUCAN *PRESIDENT* *4/28/06* *407 451-9555*