

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90257 001 ***150.00
04-27-2007 90257 002 ****35.00
04-27-2007 90257 003 *****8.75

66011512



04262007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000131219 1. Entity Name ANCHOR CONSULTANCY CORPORATION					
Principal Place of Business 3342 HILLMONT CIRCLE ORLANDO, FL 32817			Mailing Address PO BOX 5447 WINTER PARK, FL 32793-5447		
2. Principal Place of Business - No P.O. Box # 1187 SAN BLAS COVE		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER SPRINGS, FL.		City & State Suite, Apt. #, etc.		4. FEI Number 31-1819019	
Zip 32708		Country SEMINOLE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GABUCAN, JOSE MIGUELITO 3342 HILLMONT CIRCLE ORLANDO, FL 32817 1187 SAN BLAS COVE WINTER SPRINGS, FL. 32708				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 <u>JOSE MIGUELITO GABUCAN, PC</u> DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC GABUCAN, JOSE M 3342 HILLMONT CIRCLE ORLANDO, FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC GABUCAN, JOSE M 1187 SAN BLAS COVE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DAGANI, VALENTI F JR 2318 INDIAN MOUND TR KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GABUCAN, MICHAEL A. 1187 SAN BLAS COVE WINTER SPRINGS, FL. 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FAUSTMANN, J RAMON L 119 EASTERN FORK LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NERI, NICOLAS E 1607 SEALINER ROAD HOUSTON, TX 77062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>JOSE MIGUELITO GABUCAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/26/07</u> Daytime Phone # <u>407.977-1144</u> <u>407.451-9555</u>		