2008 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Jun 04, 2008 8:00 an Secretary of State
DOCUMENT # P02000131219				06-04-2008 90236 001 ***150.00
1. Entity Name ANCHOR CONSULTANCY CORPORATION				06-04-2008 90236 002 *****8.75
Principal Place of Business 1187 SAN BLAS COVE WINTER SPRINGS, FL 32708		Mailing Address PO BOX 5447 WINTER PARK, FL 32793-5447		66013068
2. Principal Place of Business - No P.O. Box #, 1187 SAN BLAS COVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 195234 Suite, Apt. #, etc.		05282008 Chg-P CR2E034 (12/06)
WINTER PRINESS, FL		WINTER 3PRINGS, FL.		4. FEI Number Applied For 31-1819019 Not Applicable
HATCH	Country	32719-5274	Country	5. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
GABUCAN, JOSE MIGUELITO 1187 SAN BLAS COVE WINTER SPRINGS, FL 32708			Street Address ((P.O. Box Number is Not Acceptable)
the obligation	named entity submits this statement fo ons of registered agent.	ABICAN =	City gistered office or register	FL Zip Code red agent, or both, in the State of Florida. I am familiar with, and accept Image: state of florida. Jack Image: state of
	E NOW!!! FEE IS \$150.00 e by September 12, 2008	9. Election Campaigr Trust Fund Contrib		.00 May Be led to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND		<u>11.</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	GABUCAN, JOSE M 1187 SAN BLAS COVE WINTER SPRINGS, FL 32708	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🚬 Addilion
NAME STREET ADDRESS	D GABUCAN, MICHAEL A 1187 SAN BLAS COVE WINTER SPRINGS, FL 32708	Delete	TITLE NAME STREET ADDRESS CIFY-ST-ZIP	Change 🛄 Addition
	SD FAUSTMANN, J RAMON L 119 EASTERN FORK LONGWOOD, FL 32750	Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🛄 Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP		Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	Change 🛄 Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated of of the corp changed, o	on this report or supplemental report is poration or the receiver or trustee empr or on an attachment with an address, the	true and accurate and that my wered to execute this report as with all other like empowered	signature shall have the required by Chapter 60	d in Chapter 119, Florida Statules. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	URE:	RINTED NAME OF SIGNING OFFICER OF	MILCUELETO DIRECTOR	CARDUCAL PC 1/2/08 702-81.85 Date Deviling Proce #

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