
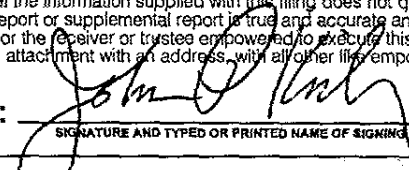


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000006494 1. Entity Name KIRBY CONSULTING, INC.		
Principal Place of Business 8243 SAWPINE ROAD DELRAY BEACH, FL 33446-9796	Mailing Address 8243 SAWPINE ROAD DELRAY BEACH, FL 33446-9796	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MANKUTA, DAVID B ESQ 1946 TYLER STREET HOLLYWOOD, FL 33020		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRBY, JOHN P 8243 SAWPINE ROAD DELRAY BEACH, FL 334469796	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 changed, or on an attachment with an address, with all other lines empowered.		
SIGNATURE: 		Date _____ Daytime Phone # 561-637-9478



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0445556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000402699
02/03/06-80018-016 150.00

**DO NOT WRITE
IN THIS SPACE**