


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90022 031 \*\*\*150.00

<b>DOCUMENT # P03000015160</b>	
1. Entity Name <b>WISDOM CONSULTING, INC.</b>	

Principal Place of Business <b>425 DEVON PLACE HEATHROW FL 32746</b>	Mailing Address <b>425 DEVON PLACE HEATHROW FL 32746</b>
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2. Principal Place of Business - No P.O. Box # <b>106 E. 1st St. #246</b> Suite, Apt. #, etc. <b>Sanford, FL</b> City & State	3. Mailing Address <b>106 E. 1st St. #246</b> Suite, Apt. #, etc. <b>Sanford, FL</b> City & State
Zip <b>32771</b>	Country <b>USA</b> <b>Seminole</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>NO-T APPLICABLE</b> <b>204837173</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GAGLIARDI, BEVERLY 425 DEVON PLACE HEATHROW FL 32746</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>106 E. 1st St. Suite 246</b> <b>Sanford, FL</b> City <b>Sanford</b> FL Zip Code <b>32771</b>

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 Beverly Gagliardi (address change) DATE 2/26/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GAGLIARDI, BEVERLY 425 DEVON PLACE HEATHROW FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>106 E. 1st St. Suite 246</b> <b>Sanford, FL 32771</b>
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
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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 Section 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: Beverly Gagliardi 2/26/07 (407) 324-5885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #