

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025777

Entity Name: AFN CONSULTING, INC.

FILED  
May 15, 2008  
Secretary of State

## Current Principal Place of Business:

5450 SPECTACULAR BID DRIVE  
WESLEY CHAPEL, FL 33544

## New Principal Place of Business:

9926 PREAKNESS STAKES WAY  
DADE CITY, FL 33525

## Current Mailing Address:

5450 SPECTACULAR BID DRIVE  
WESLEY CHAPEL, FL 33544

## New Mailing Address:

9926 PREAKNESS STAKES WAY  
DADE CITY, FL 33525

FEI Number: 43-2002761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GRAVES, DAVID P  
5450 SPECTACULAR BID DRIVE  
WESLEY CHAPEL, FL 33544 US

## Name and Address of New Registered Agent:

GRAVES, DAVID P  
9926 PREAKNESS STAKES WAY  
DADE CITY, FL 33525 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

05/15/2008

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRAVES, DAVID P  
Address: 5450 SPECTACULAR BID DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: V ( ) Delete  
Name: GRAVES, DONNA M  
Address: 5450 SPECTACULAR BID DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GRAVES, DAVID P  
Address: 9926 PREAKNESS STAKES WAY  
City-St-Zip: DADE CITY, FL 33525

Title: V (X) Change ( ) Addition  
Name: GRAVES, DONNA M  
Address: 9926 PREAKNESS STAKES WAY  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. GRAVES

Electronic Signature of Signing Officer or Director

D

05/15/2008

Date