2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # P03000036400 1. Entity Name NKL CONSULTING, INC.						90078 047 ***1 <i>5</i>	
Principal Place of Business	Mailing Address						
96 DEERPATH DR. P.O. BOX 848					,		
QLEDSMAR, FL 34-6775 PLANT CITY, FL 33564-0848		4-0848	•				
2. Principal Place of Business - No P.O. Box# 3. Mailing Address AVESHIRE BLVD						 	
Suite, Apt. #, etc. Suite, Apt. #, etc.				03272007	Chg-P	CR2E034 (12/06)
LAND LAKES FC City & State				4. FEI Number 87-0694	564	 - -	Applied For
34 C 38 Country	Zip	Country		5. Certificate of		□ \$8.75 A Fee Requi	dditional
6. Name and Address of Current	t Registered Agent			7. Name and A	ddress of New R		
CALLOWAY DAVID II		N	lame				
GALLOWAY, DAVID H 506 N. ALEXANDER STREET PLANT CITY, FL 33563		s	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Co	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registered o	office or register	ed agent, or both,	in the State of Flo	rida. I am familiar witl	n, and accept
SIGNATURE Signature, lyped or printed name of registered agen	di OT	T. O	ent signature required			DATE	
	(10)			,			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.	9. Election Campa Trust Fund Conf	•		.00 May Be ed to Fees			
After May 1, 2007, Fee will be \$550. 10. OFFICERS AND	ODIRECTORS	tribution.	Add	ed to Fees	HANGES TO OFFE	CERS AND DIRECTO	
After May 1, 2007, Fee will be \$550. 10. OFFICERS AND IITLE S	.00 Trust Fund Cont	11.	S DAVI	ADDITIONS/CI	war	Change	Addition
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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: David 4. Galloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.754.3438

Daytime Phone #