2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P03000036400

Entity Name: NKL CONSULTING, INC.

Current Principal Place of Business:

17725 AYRSHIRE BLVD
LAND O LAKES, DL 34638

New Principal Place of Business:

10987 CR 905
KEY LARGO, FL 33037

Current Mailing Address:

P.O. BOX 848
PLANT CITY, FL 335640848

New Mailing Address:

506 N. ALEXANDER STREET
PLANT CITY, FL 33563

FEI Number: 87-0694564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, DAVID H
506 N. ALEXANDER STREET
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: GALLOWAY, DAVID H
Address: 506 N ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33563

Title: P ( ) Delete
Name: POST, JAMES H
Address: 17725 AYRSHIRE BLVD
City-St-Zip: LAND O'LAKES, FL 34638

Title: VCEO (X) Delete
Name: POST, JEANNE H
Address: 17725 AYRSHIRE BLVD
City-St-Zip: LAND O'LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: POST, JAMES H
Address: 272 LANTERN RIDGE CT.
City-St-Zip: ALPHARETTA, GA 30009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES H POST P 04/07/2009

Electronic Signature of Signing Officer or Director — Date