2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P03000038254

Entity Name: INFINITY CONSULTING, INC.

Current Principal Place of Business:

280 JOHN KNOX RD
#205
TALLAHASSEE, FL 32303

New Principal Place of Business:

6765 JOHNSTOWN LOOP
TALLAHASSEE, FL 32309

Current Mailing Address:

280 JOHN KNOX RD
#205
TALLAHASSEE, FL 32303

New Mailing Address:

6765 JOHNSTOWN LOOP
TALLAHASSEE, FL 32309

FEI Number: 01-0781384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATRICK, MELINDA C
280 JOHN KNOX ROAD
#205
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

COWEN, MELINDA P
6765 JOHNSTOWN LOOP
TALLAHASSEE, FL 32309 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: MELINDA PATRICK COWEN 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: PATRICK, MELINDA C
Address: 280 JOHN KNOX RD #205
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete
Name: PATRICK, MELINDA C
Address: 280 JOHN KNOX RD #205
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: COWEN, MELINDA P
Address: 6765 JOHNSTOWN LOOP
City-St-Zip: TALLAHASSEE, FL 32309

Title: P (X) Change ( ) Addition
Name: COWEN, MELINDA P
Address: 6765 JOHNSTOWN LOOP
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MELINDA PATRICK COWEN PRES 04/26/2005
Electronic Signature of Signing Officer or Director Date