

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000038778

**FILED  
Aug 04, 2005  
Secretary of State**

**Entity Name:** CHONDRO CONSULTING INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

7127 87TH LANE E  
PALMETTO, FL 34221

**Current Mailing Address:**

**New Mailing Address:**

7127 87TH LANE E  
PALMETTO, FL 34221

**FEI Number:** 55-0828814     **FEI Number Applied For ( )**     **FEI Number Not Applicable ( )**     **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, DUSTIN C  
7127 87TH LANE E  
PALMETTO, FL 34221     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

\_\_\_\_\_ 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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            SMITH, DUSTIN C  
Address:        7127 87TH LANE E  
City-St-Zip:    PALMETTO, FL 34221

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

Title:            D            ( ) Delete  
Name:            SMITH, CAREY M  
Address:        7127 87TH LANE E  
City-St-Zip:    PALMETTO, FL 34221

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

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: CAREY M. SMITH

D

08/04/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date