## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000053377

BOCA RATON, FL 33496

City-St-Zip:

Entity Name: PEREGRINE CONSULTING CORP.

FILED Jan 25, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2700 N. MI STE 100	ILITARY TRAIL				
	TON, FL 3343 <sup>-</sup>	1			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ILITARY TRAIL				
STE 100 BOCA RA	TON, FL 3343 <sup>-</sup>	1			
FEI Number: 20-0008874 FEI Number Applied For ( )		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:		
STE 100 BOCA RA	ILITARY TRAIL TON, FL 3343 <sup>.</sup>		ournoss of changing its registers	d office or registered agent, or both,	
	e of Florida.	Submits this statement for the	purpose of changing its registered	Tomice of registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MICHELIN, PAÚ	RY TRAIL STE 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VD () DALFEN, ROBE 17141 WHITEH		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL MICHELIN PD 01/25/2006