2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000058077

1. Entity Name

P.C. CONSULTING INC.

Principal Place of Business	Mailing Address
C/O BUDNER 17682 SEALAKES DRIVE	C/O BUDNER 17682 SEALAKES DRIVE
BOC A RATON, FL 33498	BOC A RATON, FL 33498

DO NOT WRITE IN THIS SPACE

03202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
47-0912864 73-1668892	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

BUDNER, MORDECAI
17682 SEALAKES DRIVE
BOCA RATON, FL 33498

**DO NOT WRITE
IN THIS SPACE**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees.

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10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	COGAN, PETER
STREET ADDRESS	6400 NO, ANDREWS AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Petur Cogan   Pete Cog*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05   800 259-5946
Date   Daytime Phone #