2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2006 08:00 AM **DOCUMENT # P03000063139 Secretary of State** BRAD KNUTTER CONSULTING INC. Principal Place of Business Mailing Address 3902 PANTHER CREEK PLACE 3902 PANTHER CREEK PLACE VALRICO, FL 33594 US VALRICO, FL 33594 US No Chg-P CR2E034 (11/05) 01162006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 06-1699402 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNUTTER, BRADLEY DO NOT WRITE 3902 PANTHER CREEK PLACE VALRICO, FL 33594 IN THIS SPACE 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KNUTTER, BRADLEY NAME 3902 PANTHER CREEK PLACE STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 000000415031 02/11/06-20069-003 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 5

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

rolls (male DIADE)

1-28.06

813-684-4217

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