2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000067654 07-14-2005 90081 031 ***150.00 PARRADO CONSULTING, INC. Principal Place of Business Mailing Address 11/12 Newbridge Drive 11/12 Newbridge Drive Riverum FC 35569 RIVERUM THE STREET CIRCLE, APT A BRANDON, FL 35511 1/1/2 Newbridge Drive Riverum The street circle, APT A BRANDON, FL 35511 Riverum The street circle, APT A BRANDON, FL 35511 Riverum The street circle, APT A BRANDON, FL 35511 Riverum The street circle, APT A BRANDON, FL 35511 The street circle, APT A Br COUUUUGU 1815 CHAPEL TREE CIRCLE, APT A BRANDON, FL 33511 11112 Newbridge Drive 07052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0125276 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINSTEIN, IRA ESQ. DO NOT WRITE 3902 HENDERSON BLVD., SUITE 200 TAMPA, FL 33629 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE PARRADO, ADRIAN A NAME 11112 NewbridgeDrive STREET ADDRESS 8501 CEDAR CARDEN DR. TAMPA, FL-33614 CITY-ST-ZIP RIVERVIEW FL 33569 D TITLE PARRADO, BARBARA A NAME 8501 CEDAR GARDEN DR. 111/2 Newbridge DENE STREET ADDRESS CITY-ST-ZIP RIVELVIEW FL 335-69. TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-S1-7IP NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS

HENGTONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-05

828-494-3420

FILED Jul 14, 2005 8:00 am