

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093027

FILED  
Apr 15, 2007  
Secretary of State

Entity Name: A E S CONSULTING FIRM, INC.

**Current Principal Place of Business:**

00935 CR 466-A  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 490  
FRUITLAND PARK, FL 347310490

**New Mailing Address:**

P O BOX 653  
FRUITLAND PARK, FL 34731

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

STULTZ, ANTHONY E  
P.O. BOX 653  
FRUITLAND PARK, FL 34731    US

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

STULTZ, ANTHONY E  
00935 CR 466-A  
FRUITLAND PARK, FL 34731    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: \_\_\_\_\_ 04/15/2007  
Electronic Signature of Registered Agent                      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      STULTZ, ANTHONY E  
Address:                      P O BOX 653  
City-St-Zip:                      FRUITLAND PARK, FL 34731

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

Title:                      D                      (X) Change ( ) Addition  
Name:                      STULTZ, ANTHONY E  
Address:                      00935 CR 466-A  
City-St-Zip:                      FRUITLAND PARK, FL 34731

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: ANTHONY E. STULTZ                      D                      04/15/2007  
Electronic Signature of Signing Officer or Director                      Date