## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000093673

Entity Name: FRONTLINE CONSULTING CORP.

FILED Sep 08, 2007 Secretary of State

|   |   | THE CONTROLLING CONT.   |   |  |  |
|---|---|---|---|--|--|
| Current Principal Place of Business:          |   |   | New Principal Place of Business:            |  |  |
|   | ELING OAKS (<br>DLA, FL 32514             | COURT   |   |  |  |
| Current Mailing Address:                      |   |   | New Mailing Address:                        |  |  |
|   | ELING OAKS (<br>DLA, FL 32514             | COURT   |   |  |  |
| FEI Number:                                   | : 16-1681581                              | FEI Number Applied For()  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |   | Name and Address o                          | Name and Address of New Registered Agent:    |  |
|   | , BRIAN D CPA<br>CAYNE BLVD<br>FL 33181 L |   |   |  |  |
|   | e named entity s<br>e of Florida.         | submits this statement for the  | purpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATU                                       | RE:                                       |   |   |  |  |
|   | Electron                                  | ic Signature of Registered Ag   | ent   | Date   |  |
|   |   | 3(2)(b), F.S., the corporation did n<br>g Trust Fund Contribution (  ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |   |   | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SMITH, SCOTT                              | G OAKS COURT  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SMITH, DIANE                              | Delete<br>G OAKS COURT<br>EL 32514                                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT SMITH P 09/08/2007