
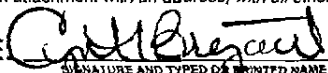


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000098664		
1. Entity Name INDIAN RIVER PUBLISHING & MEDIA CONSULTANTS, INC.		
Principal Place of Business 505 BEACHLAND BLVD. SUITE 155 VERO BEACH, FL 32963		Mailing Address 505 BEACHLAND BLVD. SUITE 155 VERO BEACH, FL 32963
DO NOT WRITE IN THIS SPACE		
		01312006 No Chg-P CR2E034 (11/05)
4. FEI Number 51-0482484		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRYANT, CYNTHIA L 505 BEACHLAND BLVD. SUITE 155 VERO BEACH, FL 32963		
DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		03/07/06-80065-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	BRYANT, CYNTHIA L	
STREET ADDRESS	3011 BENT PINE DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	V	
NAME	BRYANT, WILLIAM R SR.	
STREET ADDRESS	6802 BAYARD ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	S	
NAME	PIAZZA, RENEE	
STREET ADDRESS	2210 6TH COURT SE	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	T	DO NOT WRITE IN THIS SPACE
NAME	BRYANT, WILLIAM JR.	
STREET ADDRESS	6802 BAYARD ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 		Date Feb 24, 2006 772-473-6107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #