2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000126417 1. Entity Name				Jan 31, 2006 08:00 All Secretary of State	M
=	NSULTANTS, INC.				
Principal Place	e of Business	Mailing Address			
3210 NORTHEAST 5TH STREET		3210 NORTHEAST 5TH STREET #401		. ************************************	1 1 22 1
#401 POMPANO BEACH FL 33062		POMPANO BEACH FL 33062			
2. Principal Place of Business		3. Mailing Address		2) Defined) in senias 1979 dem estas insis indic sum sissi abruseras a	K (arge
Suite, Apr. #, etc.		Suite, Apt. #, etc.		1st MCORE CR2E034 (10/05)	
City & State		City & State		4. FEI Number 57-1194807 Applie Not Ap	
Zip	Country	Z(p	Country	5. Certificate of Status Desired S8.75 Addition Fee Required	lar
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	-
NOC	DAD MENNETH		Name		
3210	CAR, KENNETH O NORTHEAST 5TH STREET	Γ.	Street Addre	ess (P.O. Box Number is Not Acceptable)	
#40	1				
PON	MPANO BEACH FL 33062	-	City	Zip Code	
0 Th	d anth a books this statement to	the purpose of changing its re	1	pistered agent, or both, in the State of Florida. I am familiar with, and	Lanna
	ions of registered agent.	in the bothose of crianging its te	gisteres onice of regi	istered agont, or bons, in the state or horidg. I gen terminal with and	. 0000
, SIGNATURE .					
	Signature, typed or printed name of registered agent	and title if applicable (NOTE R	egistored Agent signature rec	quied when revisitating) OATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
ταιε	D	☐ Delete	TITLE	☐ Change ☐	Add:
NAME CERTE LAGRETIN	NOCAR, KENNETH	***	NAME STREET ADDRESS	U00000411866 02/10/06-80023-018 150.00	
STREET ADDRESS City-St-Zip	3210 NORTHEAST 5TH STREET # POMPANO BEACH FL 33052	401	CITY-ST-ZIP	02/10/06-80023-018 150.00	
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 directer 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 1: if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Werne ### Mozar | KENNETH WOCAR | 01/26/06 954-786-8933