

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000132628

**FILED**  
**Apr 03, 2007**  
**Secretary of State**

**Entity Name:** SOCRATIC CONSULTING, INC.

**Current Principal Place of Business:**

1111 S. FEDERAL HWY.  
SUITE 119  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1111 S. FEDERAL HWY.  
SUITE 119  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 87-0713738      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ARCOMONE, PETER J PRES.  
1111 S. FEDERAL HWY., STE. 119  
STUART, FL 34994 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARCOMONE, PETER J  
Address: 1111 S. FEDERAL HWY., STE. 119  
City-St-Zip: STUART, FL 34994

Title: VP ( ) Delete  
Name: ARCOMONE, PETER N  
Address: 1111 S. FEDERAL HWY., STE. 119  
City-St-Zip: STUART, FL 34994

Title: S ( ) Delete  
Name: ARCOMONE, SYLVIA L  
Address: 1111 S. FEDERAL HWY., STE. 119  
City-St-Zip: STUART, FL 34994

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: ARCOMONE, AMBER  
Address: 1111 S. FEDERAL HWY., STE 119  
City-St-Zip: STUART, FL 34994

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: PETER J. ARCOMONE

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date