2006 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## **FILED** Jul 20, 2006 08:00 AM DOCUMENT # P04000023458 **Secretary of State** FLECK CONSULTANTS, INC. Principal Place of Business Mailing Address 9910 COLLINS AVE STE 10 9910 COLLINS AVE STE 10 BAL HARBOUR, FL 33154 BAL HARBOUR, FL 33154 07112006 CR2F034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1983312 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OLSEN, RICHARD DO NOT WRITE 9910 COLLINS AVE STE 10 BAL HARBOUR, FL 33154 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. **PSTV** TITLE NAME OLSEN, CHRISTOPHER 9910 COLLINS AVE STE 10 STREET ADDRESS CITY-ST-ZIP BAL HARBOUR, FL 33154 U00000571536 07/20/06-80014-009 150.00 TITLE OLSEN, CHRISTOPHER NAME STREET ADDRESS 9910 COLLINS AVE STE 10 CITY-ST-7IP BAL HARBOUR, FL 33154 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

oves not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this flind indicated on this report or supplemental poort is true and of the corporation or the received ner like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Daytime Phone #