2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P04000024638 1. Entity Name EGA CONSULTING, INC. Principal Place of Business Mailing Address 6560 S.W. 38TH STREET 6560 S.W. 38TH STREET MIAMI, FL 33155 MIAMI, FL 33155 No Cha-P CR2E034 (11/05) 04192006 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number) 90-0144710 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent AMEIJEIRAS, ENEYDA DO NOT WRITE 6560 S.W. 38TH STREET MIAMI, FL 33155 IN THIS SPACE 3. 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, typed or printed name of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating) 8888-021 150.80 8. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. T171 F AMELIEIRAS, ENEYDA NAME 6560 S.W. 38TH STREET STREET ADDRESS CITY-ST-ZIF MIAMI, FL 33155 BILE NAME STREET ADDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE GITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGHING OFFICER OR DIRECTOR

305-665-0294

FILED