## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

## Feb 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000029177** 1. Entity Name 02-02-2005 90053 048 \*\*\*150.00 RH EDWARDS CONSULTING, INC. Principal Place of Business Mailing Address 1933 NW 107TH DR 1933 NW 107TH DR CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 16-1692349 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11 TITLE PSD ☐ Delete TITLE ☐ Change ☐ Addition EDWARDS, ROGER H NAME NAME 1933 NW 107TH DR STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP VTD Change ☐ Addition TITLE □ Delete TITLE EDWARDS, MICHELE A NAME NAME STREET ADDRESS 1933 NW 107TH DR STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITI F Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sensal 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 retrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. 12. I hereby certify that the information indicated on this report or support the receive of the corporation or

ROBER H. EDWAZDS 1/30/05

**FILED**