2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000032241

1. Entity Name
PAGEANT PREP AND TALENT CONSULTING, INC.

Principal Place of Business	Mailing Address
218 N KINGSWAY DR TEMPLE TERRACE, FL 33617	218 N KINGSWAY DR TEMPLE TERRACE, FL 33617

DO NOT WRITE IN THIS SPACE

02072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0765019	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOVAK ROBLES, TINA MARIE
218 N KINGSWAY DR
TEMPLE TERRACE, FL 33617

DO NOT WRITE
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 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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U0000043140-1
02/23/06-80027-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	NOVAK ROBLES, TINA MARIE
STREET ADDRESS	15016 DEER MEADOW DR
CITY-ST-ZIP	LUTZ, FL 33559

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: _Tina N Novak Robles_   2/8/06   813-477-034.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #