

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052799

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** MANAGEMENT CONSULTING PROFESSIONALS, INC.

**Current Principal Place of Business:**

82 KIRTLAND DR  
NAPLES, FL 341101314

**New Principal Place of Business:**

44 JOHNNY CAKE DR  
NAPLES, FL 34110

**Current Mailing Address:**

82 KIRTLAND DR  
NAPLES, FL 341101314

**New Mailing Address:**

16860 JOLEEN WAY  
#278  
MORGAN HILL, CA 95037

**FEI Number:** 36-4551946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COX, SYLVIA J  
82 KIRTLAND DR  
NAPLES, FL 341101314 US

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

COX, SYLVIA J  
44 JOHNNY CAKE DR  
NAPLES, FL 34110 US

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:** SYLVIA J. COX

04/30/2006

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** DP ( ) Delete  
**Name:** COX, SYLVIA J  
**Address:** 82 KIRTLAND DR  
**City-St-Zip:** NAPLES, FL 341101314

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

**Title:** DP (X) Change ( ) Addition  
**Name:** COX, SYLVIA J  
**Address:** 44 JOHNNY CAKE DR  
**City-St-Zip:** NAPLES, FL 34110

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:** SYLVIA J. COX

DP

04/30/2006

Electronic Signature of Signing Officer or Director

Date