
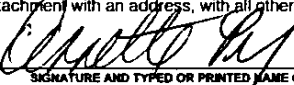


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90015 020 \*\*\*158.75

<b>DOCUMENT # P04000068277</b> 1. Entity Name <b>VERSATILE CONSULTING, INC.</b>					
Principal Place of Business <b>77 CRANDON BLVD KEY BISCAINE, FL 33149</b>			Mailing Address <b>5250 SW 144 AVE MIAMI, FL 33175</b>		
2. Principal Place of Business <b>77 Crandon Blvd</b>			3. Mailing Address <b>77 Crandon Blvd</b>		
Suite, Apt. #, etc. <b>4C</b>			Suite, Apt. #, etc. <b>4C</b>		
City & State <b>Key Biscayne FL</b>			City & State <b>Key Biscayne</b>		
Zip <b>33149</b>		Country <b>USA</b>		Zip <b>33149</b>	
Country <b>USA</b>		4. FEI Number <b>20-1057084</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ, ANNETTE 77 CRANDON BLVD APT 4C KEY BISCAINE, FL 33149</b>				7. Name and Address of New Registered Agent Name <b>Annette Perez</b> Street Address (R.O. Box Number is Not Acceptable) <b>77 Crandon Blvd</b> <b>APT 4C</b> City <b>Key Biscayne</b> <b>FL</b> <b>33149</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREZ, ANNETTE 77 CRANDON BLVD APT 4C KEY BISCAINE, FL 33149</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>3/27/06</b> Daytime Phone # <b>9020347</b>					