
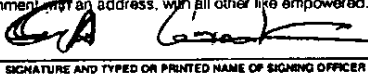


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90133-046-\$150.00-\$150.00

DOCUMENT # P04000069360 1. Entity Name GIDEON INTERNATIONAL CONSULTING, INC.					
Principal Place of Business 306 BELMONT LANE N LAUDERDALE, FL 33068			Mailing Address 306 BELMONT LANE N LAUDERDALE, FL 33068		
2. Principal Place of Business 8211 SOUTHGATE BLVD Suite, Apt. #, etc.		3. Mailing Address 8211 SOUTHGATE BLVD Suite, Apt. #, etc.			
City & State N. LAUDERDALE FL Zip 33068		City & State N. LAUDERDALE FL Zip 33068		4. FEI Number 68-0584617 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANSTON, CLIFFORD 306 BELMONT LANE N LAUDERDALE, FL 33068			7. Name and Address of New Registered Agent Name CLIFFORD GRANSTON Street Address (P.O. Box Number is Not Acceptable) 8211 SOUTHGATE BLVD City N. LAUDERDALE FL Zip Code 33068		
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS / <input type="checkbox"/> Delete			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANSTON, CLIFFORD 306 BELMONT LANE N LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8211 SOUTHGATE BLVD N. LAUDERDALE FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information 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 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: 			Date: 9/1/05 Daytime Phone # _____		

FILED
05 OCT -7 PM 2:20
SECRET
TALLAHASSEE, FL
30064303



09012005 Chg-P CR2E034 (10/03)