


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90028 001 \*\*\*150.00

<b>DOCUMENT # P04000073261</b>					
<b>1. Entity Name</b> TRAMMELL CONSULTANTS, INC.					
<b>Principal Place of Business</b> 2331 SW 103 LANE MIRAMAR, FL 33025			<b>Mailing Address</b> 2331 SW 103 LANE MIRAMAR, FL 33025		
<b>2. Principal Place of Business</b> 17368 SW 8 STREET Suite, Apt. #, etc.			<b>3. Mailing Address</b> 17368 SW 8 STREET Suite, Apt. #, etc.		
<b>City &amp; State</b> PEMBROKE PINES, FL Zip 33029 Country U.S.		<b>City &amp; State</b> PEMBROKE PINES, FL Zip 33029 Country U.S.		<b>4. FEI Number</b> 30-0251173	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> TRAMMELL, SHERI 2331 SW 103 LANE MIRAMAR, FL 33025 17368 SW 8 STREET PEMBROKE PINES, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete TRAMMELL, SHERI 2331 SW 103 LANE MIRAMAR, FL 33025	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TRAMMELL, SHERI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17368 SW 8 STREET PEMBROKE PINES, FL 33029		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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>					
<b>SIGNATURE:</b> _____		3/27/06		931/4502842	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	