




**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90002 017 \*\*\*150.00

<b>DOCUMENT # P04000081413</b> 1. Entity Name <b>MCTERNAN CONSULTING, INC.</b>		
Principal Place of Business <b>5580 NW 61 ST                  UNIT 625                  COCONUT CREEK, FL 33073</b>		Mailing Address <b>5580 NW 61 ST                  UNIT 625                  COCONUT CREEK, FL 33073</b>
2. Principal Place of Business <b>4203 W ATLANTIC BLVD                  Suite, Apt. #, etc.                  Apt 204                  City &amp; State                  COCONUT CREEK FL                  Zip                  33066                  Country                  US</b>	3. Mailing Address <b>4203 W ATLANTIC BLVD                  Suite, Apt. #, etc.                  Apt 204                  City &amp; State                  COCONUT CREEK FL                  Zip                  33066                  Country                  US</b>	 03202006 Chg-P CR2E034 (11/05)
4. FEI Number <b>20-1152761</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MILLER, JOHN P                  2499 GLADES ROAD                  SUITE 305A                  BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MCTERNAN, MEGAN</b> <input type="checkbox"/> Delete <b>5580 NW 61 ST, UNIT 625</b> <b>COCONUT CREEK, FL 33073</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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:  <b>M MCTERNAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>3/20/06</b> Daytime Phone #: <b>954-551-0360</b>