

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90003 035 \*\*\*150.00

<b>DOCUMENT # P04000085890</b> 1. Entity Name <b>M THOMAS CONSULTING, INC.</b>			
Principal Place of Business <b>2895 BRIARPATCH PLACE GREEN COVE SPRINGS, FL 32043 US</b>		Mailing Address <b>2895 BRIARPATCH PLACE GREEN COVE SPRINGS, FL 32043 US</b>	
2. Principal Place of Business <b>2735 Creek Ridge Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2735 Creek Ridge Dr.</b> Suite, Apt. #, etc.	
City & State <b>Green Cove Springs, Florida</b> Zip Country <b>32043 USA</b>		City & State <b>Green Cove Springs, Florida</b> Zip Country <b>32043 USA</b>	
4. FEI Number <b>20-1200578</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMAS, MICHAEL D 2895 BRIARPATCH PLACE GREEN COVE SPRINGS, FL 32043</b>		7. Name and Address of New Registered Agent Name <b>THOMAS, MICHAEL D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2735 Creek Ridge Dr.</b> City <b>Green Cove Springs</b> <b>FL</b> Zip Code <b>32043</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 <b>X [Signature]</b> <b>MICHAEL D THOMAS, PRESIDENT</b> <b>7/7/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<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>P</b> <input type="checkbox"/> Delete <b>THOMAS, MICHAEL D</b> <b>2895 BRIARPATCH PLACE</b> <b>GREEN COVE SPRINGS, FL 32043</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>THOMAS, MICHAEL D</b> <b>2735 Creek Ridge Dr.</b> <b>Green Cove Springs, FL 32043</b>
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
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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 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> <b>[Signature]</b> <b>MICHAEL D THOMAS, PRESIDENT</b> <b>7/7/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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