

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086903

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: NEIGHBORHOOD CONSULTING, INC.

## Current Principal Place of Business:

1571 W COPANS RD., STE. 101  
POMPANO BEACH, FL 33044 US

## New Principal Place of Business:

1571 W COPANS RD., STE. 101  
POMPANO BEACH, FL 33064 US

## Current Mailing Address:

1571 W COPANS RD., STE. 101  
POMPANO BEACH, FL 33044 US

## New Mailing Address:

1571 W COPANS RD., STE. 101  
POMPANO BEACH, FL 33064 US

FEI Number: 20-1198393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASSARO, LOUIS  
1571 W COPANS RD., STE. 101  
POMPANO BEACH, FL 33044 US

## Name and Address of New Registered Agent:

MASSARO, LOUIS A  
1571 W COPANS RD., STE. 101  
POMPANO BEACH, FL 33064 US

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.

SIGNATURE: LOUIS A MASSARO

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MASSARO, LOUIS  
Address: 1571 W COPANS RD., STE. 101  
City-St-Zip: POMPANO BEACH, FL 33044 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: MASSARO, LOUIS A  
Address: 1571 W COPANS RD., STE. 101  
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY D NORMAN

MS

01/23/2009

Electronic Signature of Signing Officer or Director

Date