

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90415 014 ***150.00

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1. Entity Name
THE RIGHT TREND CONSULTING GROUP, INC.



Principal Place of Business
**569 CARRINGTON DR.
WESTON, FL 33326**

Mailing Address
**569 CARRINGTON DR.
WESTON, FL 33326**

50012963



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1289485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KONDRATOWITCH, WALTER SR.
569 CARRINGTON DR
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	KONDRATOWITCH, WALTER SR.
STREET ADDRESS	569 CARRINGTON DR.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	T.
NAME	KONDRATOWITCH, WALTER SR.
STREET ADDRESS	569 CARRINGTON DR.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	SEC.
NAME	KONDRATOWITCH, WALTER SR.
STREET ADDRESS	569 CARRINGTON DR.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER KONDRATOWITCH
MANAGING DIRECTOR
APRIL 14th 2006
(954) 661-1318