2006 FOR PROFIT CORPORATION, **ANNUAL REPORT (AR)**

May 01, 2006 8:00 am Secretary of State DOCUMENT # P04000096889 05-01-2006 90318 001 ***150 00 GARNETT CONSULTING GROUP INC. Principal Place of Business Mailing Address 840 BEACH DRIVE NORTHEAST SAINT PETERSBURG FL 33701 840 BEACH DRIVE NORTHEAST SAINT PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-1320880 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARNET, STAN Street Address (P.O. Box Number is Not Acceptable) 2504 SUNSET WAY SAINT PETERSBURG FL 33706 Zip Code 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. MESIDEN, STAN CAMOVETT 4-20-2001 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE Addition NAME GARNETT, STAN NAME STREET ADDRESS 840 BEACH DRIVE NORTHEAST STREET ADDRESS CHTY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-7/P VAS TIT! F ☐ Delete TITLE ☐ Change ☐ Addition GARNETT, BEVERLY J NAME NAME STREET ADDRESS 840 BEACH DRIVE NORTHEAST STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME JACKSON, ALFRED A NAME STREET ADDRESS 840 BEACH DRIVE NORTHEAST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33701 RILE Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

STAN GARNETT

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

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