

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90109 021 \*\*\*158.75

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02212006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000100811</b>		
1. Entity Name TSUKUDA CONSULTING, INC.		

Principal Place of Business 3031 N OCEAN BLVD #303 DAVIE, FL 33324 US	Mailing Address 3031 N OCEAN BLVD #303 DAVIE, FL 33324 US
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2. Principal Place of Business 10275 SW 20 ST.	3. Mailing Address 10275 SW 20 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DAVIE, FLORIDA	City & State DAVIE, FLORIDA
Zip 33324	Country BROWARD
Zip 33324	Country BROWARD

6. Name and Address of Current Registered Agent TSUKUDA, ROBERT 3031 N OCEAN BLVD #303 DAVIE, FL 33324		7. Name and Address of New Registered Agent Name TSUKUDA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 10275 SW 20 ST. City DAVIE FL Zip Code 33324	
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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 Robert B. Tsukuda DATE 2-28-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSUKUDA, ROBERT 1100 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSUKUDA, ROBERT 10275 SW 20 ST DAVIE, FLORIDA 33324 <input checked="" 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
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
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.

SIGNATURE: Robert B. Tsukuda ROBERT B. TSUKUDA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date FEB. 24, 2006 Daytime Phone # 954/476-7359