2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109890

Entity Name: NCL CONSULTING, INC.

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

200 LESLIE DRIVE, SUITE 210 250 LAYNE BLVD 311

HALLANDALE BEACH, FL 33009

HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

200 LESLIE DRIVE, SUITE 210 250 LAYNE BLVD

HALLANDALE BEÁCH, FL 33009

HALLANDALE BEACH, FL 33009

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOPEZ, NEFER LOPEZ, NEFER 200 LESLIE DRIVE, SUITE 210 250 LAYNE BLVD

US HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009

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: NEFER LOPEZ 01/10/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LOPEZ, NEFER Name: Name: LOPEZ, NEFER

200 LESLIE DRIVE, SUITE 210 250 LAYNE BLVD STE 311 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009

VP/T Title: VP/T Title: () Delete (X) Change () Addition

LOPEZ, NEFER LOPEZ, NEFER Name: Name: 200 LESLIE DRIVE, SUITE 210 250 LAYNE BLVD 311 Address: Address:

HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

LOPEZ, NEFER LOPEZ, NEFER Name: Name: 200 LESLIE DRIVE, SUITE 210 250 LAYNE BLVD 311 Address: Address:

City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NEFER LOPEZ O/D 01/10/2005