2007 FOR PROFIT CORPORATION

Jun 06, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000113912 06-06-2007 90069 006 ***150.00 CONSULT RIGHT INC. Principal Place of Business Mailing Address 900 N. RANDOLPH ST., APT. #1411 900 N. RANDOLPH ST., APT, #1411 ARLINGTON, VA 22203 ARLINGTON, VA 22203 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 961 Irma Way Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For St. Augustine, Forida 04-3796261 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32086 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A ALA, LUZ M Street Address (P.O. Box Number is Not Acceptable) 961 IRMA WAY ST. AUGUSTINE, FL 32086 City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ח ☐ Defete Director, President, Secretary and Treasurer ☐ Addition TIT1 F TITLE NAME AYALA, LUZ M NAME LUZ MARINA AYALA 900 N. RANDOLPH ST., APT. #1411 STREET ADDRESS STREET ADDRESS 961 irma Way CITY-ST-ZIP ARLINGTON, VA 22203 CITY-ST-ZIP St. Augustine, Florida 32086 ☐ Addition ☐ Change TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Wy

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

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S. Name and Address of Current Registered Agent A. A.L.A. LUZ M 981 IRMA WAY ST. AUGUSTINE, FL 32088 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City City City City City Cit			Zip	Coun	itry				\$		t Applicable
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Street Address (P. O. Box Number is Not Acceptable) City			Registered Agent		Name		7. Name and	Address of New K	egistered Aç	jent	
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