



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000120999					
1. Entity Name JAMES ELLIOTT CONSULTING CORP.					
Principal Place of Business 848 BRICKELL KEY DR STE 2505 MIAMI, FL 33131			Mailing Address 848 BRICKELL KEY DRIVE SUITE 2505 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite 600		3. Mailing Address THE FISCHMAN LAW c/o FISCHMAN LAW FIRM, P.A.			
Suite, Apt. #, etc. 3050 BISCAYNE BLVD		Suite, Apt. #, etc. 3050 BISCAYNE BLVD-600		04202007 Chg-P CR2E034 (12/06)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 54-2160631	
Zip 33137		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSTROM, DWAYNE 848 BRICKELL KEY DR SUITE 2505 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>BRUCE D. FISCHMAN</u> Street Address (P.O. Box Number is Not Acceptable) THE FISCHMAN LAW FIRM, P.A. 3050 BISCAYNE BOULEVARD SUITE 600 City <u>MIAMI</u> FL Zip Code <u>33137</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/20/07</u>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSTROM, DWAYNE 848 BRICKELL KEY DR # 2505 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4/20/07</u> Daytime Phone # <u>305-975-6158</u>					

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