

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 29, 2005  
Secretary of State**

DOCUMENT# P04000133986

Entity Name: ELAINE CONSULTING, INC

**Current Principal Place of Business:**

2455 NE 209TH TERRACE  
NORTH MIAMI BEACH, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2455 NE 209TH TERRACE  
NORTH MIAMI BEACH, FL 33180

**New Mailing Address:**

FEI Number: 20-1668279      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KRUTCHIK, ELAINE  
2455 NE 209TH TERRACE  
NORTH MIAMI BEACH, FL 33180      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KRUTCHIK, ELAINE  
Address: 2455 NE 209TH TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELAINE KRUTCHIK

PD

06/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date