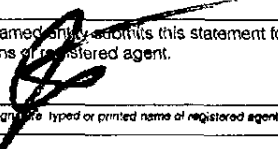
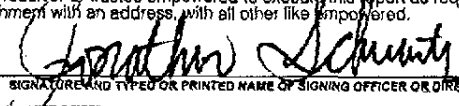


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000140451			
1. Entity Name AVERY HARRISON CONSULTING, INC.			
Principal Place of Business C/O JOSHUA GERSTIN, ESQ. 1499 WEST PALMETTO PARK RD., SUITE 412 BOCA RATON, FL 33486		Mailing Address C/O JOSHUA GERSTIN, ESQ. 1499 WEST PALMETTO PARK RD., SUITE 412 BOCA RATON, FL 33486	
DO NOT WRITE IN THIS SPACE			
		04192006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1833831	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
GERSTIN, JOSHUA ESQ. 1499 WEST PALMETTO PARK RD. SUITE 412 BOCA RATON, FL 33486		DO NOT WRITE IN THIS SPACE	
8. The above named entity certifies 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 		DATE 4/26/06	
Sign: Type typed or printed name of registered agent and title if applicable		(NOTE: Registered agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MR. SCHWARTZ, JONATHAN 3835 NW 27TH AVENUE BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MRS. SCHWARTZ, MELISSA 3835 NW 27TH AVENUE BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: 		Date 4/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-750-3456	

000000541767
05/10/06-80071-003 150.00

**DO NOT WRITE
IN THIS SPACE**