2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000140962

1. Entity Name
LUXO CONSULTING, INC.

Principal Place of Business	Mailing Address
350 SOUTH COUNTY RD. #102	350 SOUTH COUNTY RD. #102
PALM BEACH, FL 33480	PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

04242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3785842	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARROLL, RICHARD
350 SOUTH COUNTY RD. #102
PALM BEACH, FL 33480

DO NOT WRITE
IN THIS SPACE

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

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	U00000556767 05/17/06-80023-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CARROLL, RICHARD
STREET ADDRESS	350 SOUTH COUNTY RD. #102
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	V
NAME	HOLLOWAY, JOHN
STREET ADDRESS	350 SOUTH COUNTY RD. #102
CITY-ST-ZIP	PALM BEACH, FL 33480

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	

DO NOT WRITE
IN THIS SPACE

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 all other like empowered.

SIGNATURE: _____ — John Holloway   4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #