
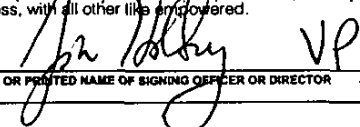


**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90156 019 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000140962			
1. Entity Name LUXO CONSULTING, INC.			
Principal Place of Business 350 SOUTH COUNTY RD. #102 PALM BEACH, FL 33480		Mailing Address 350 SOUTH COUNTY RD. #102 PALM BEACH, FL 33480	
2. Principal Place of Business, No. P.O. Box # 819 S Atlantic Dr.		3. Mailing Address 819 S Atlantic Dr.	
Suite, Apt. #, etc. <del>Lantana</del>		Suite, Apt. #, etc.	
City & State Lantana, FL		City & State Lantana FL	
Zip 33462 Country US		Zip 33462 Country US	
4. FEI Number 59-3785842		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, RICHARD 350 SOUTH COUNTY RD. #102 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name: Richard Carroll Street Address (P.O. Box Number is Not Acceptable): 819 S Atlantic Dr. City: Lantana FL Zip Code: 33462	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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 CARROLL, RICHARD 350 SOUTH COUNTY RD. #102 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carroll, Richard 819 S Atlantic Dr Lantana, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLOWAY, JOHN 350 SOUTH COUNTY RD. #102 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Holloway, John 819 S Atlantic Dr Lantana, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  VP		Date: 9/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	