


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000002541	
1. Entity Name PALLADIAN CONSULTING SERVICES, INC.	

Principal Place of Business 2790 N. FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33431 US	Mailing Address 2790 N. FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33431 US
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2121131	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANCUSO, JAMES A 2790 N. FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33431

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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANCUSO, JAMES A 2790 N. FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANCUSO, ELIZABETH M 2790 N. FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY MANCUSO, ELIZABETH M 2790 N. FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80015-017 150.00

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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: <i>James Mancuso</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>4-20-07</i>	Daytime Phone #
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JAMES MANCUSO