


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90146 032 ***158.75

DOCUMENT # P05000003707
 1. Entity Name
 CONFERCING COMPANY, INC.



Principal Place of Business: 5629 STRAND BOULEVARD SUITE 406 NAPLES, FL 34110
 Mailing Address: 5629 STRAND BOULEVARD SUITE 406 NAPLES, FL 34110

2. Principal Place of Business: 5621 STRAND BLVD Ste 109
 3. Mailing Address: 5621 STRAND BLVD Ste 109

City & State: NAPLES, FL
 City & State: NAPLES, FL

Zip: 34110 Country: USA
 Zip: 34110 Country: USA

QUOTIENT



04212006 Chg-P CR2E034 (11/05)

4. FEI Number: 13-4292047
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent
 Name: Robert Mandell
 Street Address (P.O. Box Number is Not Acceptable): 5621 STRAND BLVD Ste 109
 City & State: NAPLES FL Zip Code: 34110

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]* Robert Mandell DATE: 4/21/06

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MANDELL, ROBERT	
STREET ADDRESS	5629 STRAND BOULEVARD #406	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MANDELL, DEBORAH	
STREET ADDRESS	5629 STRAND BOULEVARD #406	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, ROBERT	
STREET ADDRESS	5621 STRAND BLVD - 109	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, DEBORAH	
STREET ADDRESS	5621 STRAND BLVD - 109	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* Robert Mandell DATE: 4/21/06 DAYTIME PHONE #: 239.254.8266