


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2006 90045 036 ***150.00

DOCUMENT # P05000015308		
1. Entity Name EXPERTS COUNSEL INC.		

Principal Place of Business 2916 SANDPIPER PLACE CLEARWATER, FL 33762 US	Mailing Address 2916 SANDPIPER PLACE CLEARWATER, FL 33762 US
--	--

2. Principal Place of Business 2202 N. WEST SHORE BLVD Suite, Apt. #, etc. SUITE 200 City & State TAMPA, FL Zip 33607 Country U.S.A	3. Mailing Address 2202 N. WEST SHORE BLVD Suite, Apt. #, etc. SUITE 200 City & State TAMPA, FL Zip 33607 Country U.S.A
---	---



01102006 Chg-P CR2E034 (11/05)

4. FEI Number 05-0616615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name KEVIN A. CARRENO Street Address (P.O. Box Number is Not Acceptable) 2202 N. WEST SHORE BLVD. SUITE 200 City TAMPA FL Zip Code 33607	

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 *Kevin A. Carreno* (NOTE: Registered Agent signature required when reinstating) DATE 1/10/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD CARRENO, KEVIN A 2916 SANDPIPER PLACE CLEARWATER, FL 33762 <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
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: *Kevin A. Carreno*
KEVIN A. CARRENO PRESIDENT

1/10/06