2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000023219

1. Entity Name 6-STEP METHODOLOGY INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

13191 STARKEY RD

SUITE 3 LARGO, FL 33773 Mailing Address

13191 STARKEY RD

SUITE 3

LARGO, FL 33773



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIRJI, AYAZ 13191 STARKEY RD SUITE 3 LARGO, FL 33773

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | urpose of changing its registered | d office or I | egistered agent, or both, in | the State of Florida. I am familiar with, and accept | |
|--|--|--|----------------|--------------------------------|--|-------|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | f applicable (NOTE Registered | Agent signstur | required when reinstating) | DATE | ! |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | ing 🔲 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME Street Address City-St-Zip | P VIRJI, AYAZ 13191 STARKEY RD SUITE 3 LARGO, FL 33773 | | · · | | UDD000686455 | |
| TITLE Name Street address C(TY-ST-ZIP | D VIRJI, AZADI 13191 STARKEY RD SUITE 3 LARGO, FL 33773 | | | | 04/09/07-80046-012 1 | 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO N | OT WRITE | |
| TITLE NAME Street Adoress City-ST-21P | | | | IN TH | IIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| IIITE | | 1 | | | | |

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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07

727-507-7100

Daytime Phone ≢