

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90011 026 ***150.00

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1. Entity Name
MARKET MASTERS CONSULTING CORP.



Principal Place of Business
403 LOTUS PATH
CLEARWATER, FL 33756

Mailing Address
403 LOTUS PATH
CLEARWATER, FL 33756



2. Principal Place of Business

14451 60th St. North

3. Mailing Address

14451 60th St. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006

Chg-P

CR2E034 (11/05)

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

20-2385283

Applied For

Not Apply

Zip

33760

Country

USA

Zip

33760

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALE, MARK
403 LOTUS PATH
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HALE, MARK
STREET ADDRESS 403 LOTUS PATH
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE COO ☐ Delete
NAME HALE, JULIE
STREET ADDRESS 403 LOTUS PATH
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Mark H. Hales* 3/19/06