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## € 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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						<b>अल्ला</b>									
Principal Place of Business 11 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174				Mailing Address P.O. BOX 731401 ORMOND BEACH, FL 32173				11000	<b>FO</b> F IN <b>ES</b> IS	- ·		ı izn sanı ites		1821 II (1841	
2. Principal Place of Business				3. Mailing Address											
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				072020	06	Chg-P	C	R2E034 (1	1/05)		
City & State				City & State				4. FEI NL	Tubal (	2982	GG	,	<del></del>	plied For	
Zip Country			Zip	Zip Count			5. Certificate of Status Desired See Regulared								
6. Name and Address of Current F				egistered Agent			7. Name and Address of New Registered Agent								
50.51	Name														
FOLEY, J. CRAIG 11 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174							Street Address (P.O. Box Number is Not Acceptable)								
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						City						FL Z	ip Code	,	
8. The above the obligat	named entit ions of regist	y submits this statement for lered agent.	r lhe purp	oose of changing its	registere	ed office or r	egister	ed agent, o	r both, i	n the State of	Florida.	l am tamili	er with,	and accept	
SIGNATURE_														J	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require									g)			DATE			
FILE NOWIII FEE 13 \$150.00 9. Election Campaign Fina Due by September 6, 2006 Trust Fund Contribution								00 May Bo		accordance orporation di	with s	. 607.193 scelve the	(2)(b), l prior n	F.S., the otice.	
10.		OFFICERS AND	DIRECTO	)AS	11.			ADDITIO	NS/CH	ANGES TO O	FICERS	S AND DIRE	CTORS	IN 11	
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CITY-ST-ZIP						-ST-ZIP	J	4			1 7	7		,	
12. I hereby	certify that th	e information supplied with	this filing	does not quality to	r the ext	emptions co	beniatn	in Chapter	1 19, F	orida Statutes	. I furth	or certily the	at the in	formation	
of the cor	rporation or t	rt or supplemental report is he receiver or trustee empo achment with ep <sub>r</sub> address نـــــــــــــــــــــــــــــــــــ	owered to	execute this report	es requi										
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SIGNAT	URE:	SIGNATORE AND TYPED BY	RENTED NA	ME OF BIGMING OFFICER	OR DIRECT	TOR			_//	21/X	•	SBG - S Daytima	Prone !	-/1//	

OFFICE DEPOT

PAGE 02/04

OLIVARI & ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

D-245-6017

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October 10, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

North Ormond Beach Consulting Group, Inc.

Ref. # P05000030731

Dear Sir or Madam:

202398299

Please be advised that our client just received your letter dated July 26, 2006, copy enclosed, regarding the annual report on October 7, 2006. The client has made the correction to the form as requested. Please abate any penalties due.

Thank you in advance for your help and consideration. If you have any questions or concerns, please don't hesitate to contact us.

Sincerely,

Mary Greenlees

/dk

Enclosures

cc: North Ormond Beach Consulting Group, Inc.