## Mar 01, 2006 8:00 am 2006 FOR PROFIT CORPORATION Secretary of State ANNUAL REPORT 03-01-2006 90002 017 \*\*\*150.00 **DOCUMENT # P05000052401** 1. Entity Name AHM CONSULTING, INC. Principal Place of Business Mailing Address % SPINNER DITTMAN FEDERSPIEL & DOWLING % SPINNER DITTMAN FEDERSPIEL & DOWLING 151 N.W. FIRST AVENUE 151 N.W. FIRST AVENUE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 3. Mailing Address 3300 R106 2. Principal Place of Business 3300 RIDGE Suite, Apt. #, etc. 01112006 CR2E034 (11/05) Applied For City & State Boy PTOP 4. FEI Number 52- 24S 20 Not Applicable \$8.75 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DITTMAN, ROBERT A % SPINNER DITTMAN FEDERSPIEL & DOWLING Street Address (P.O. Box Number is Not Acceptable) 151 N.W. FIRST AVENUE DELRAY BEACH, FL FL444 City Zip Code 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. (NOTE: Recistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees . . OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 11 Delete TITLE ☐ Addition MATTIA, ALBERT H NAME NAME 151 N.W. FIRST AVENUE STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33444 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE MATTIA, LEEANN NAME NAME 3300 RIDGE LANE STREET ADDRESS 151 N.W. FIRST AVENUE STREET ADDRESS YUTON BEACH, FI CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP TITLE Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 trestee empowered to execute this report or fouried by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with a place legal of the property of the propert

FICE LOS DIRECTOR

ALBERT H. MATRIA

SIGNATURE:

FILED