2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054560

FILED Apr 16, 2007 Secretary of State

Entity Name: CONSULT365, INC. **Current Principal Place of Business: New Principal Place of Business:** 5360 SW 98 CT 299 ALHAMBRA CIRCLE MIAMI, FL 33165 SUITE 221 CORAL GABLES, FL 33134 **Current Mailing Address:** New Mailing Address: 5360 SW 98 CT 299 ALHAMBRA CIRCLE MIAMI, FL 33165 SUITE 221 CORAL GABLES, FL 33134 FEI Number: 20-2672275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRUJILLO, TERESA TRUJILLO, TERESA 5360 SW 98 CT 10040 SW 47 STREET MIAMI, FL 33165 US MIAMI, FL 33165 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. SIGNATURE: 04/16/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: (X) Change () Addition OROSA, FRANK OROSA, FRANCISCO Name: Name: 5360 SW 98 CT 299 ALHAMBRA CIRCLE, SUITE 221 Address: Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: CORAL GABLES, FL 33134 Title: Title: VΡ () Change (X) Addition () Delete Name: Name: MACIAS, LUIS 299 ALHAMBRA CIRCLE, SUITE 221 Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ () Change (X) Addition Name: AVRIN, MARK Name: 299 ALHAMBRA CIRCLE, SUITE 221 Address Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO OROSA PD 04/16/2007