

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054586

FILED
Feb 27, 2007
Secretary of State

Entity Name: FRANCINE ORSINI CONSULTING, INC.

Current Principal Place of Business:

221 SE 8TH STREET
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

221 SE 8TH STREET
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 20-2797662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORSINI, MICHAEL
221 SE 8TH STREET
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORSINI, FRANCINE
Address: 221 SE 8TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V () Delete
Name: ORSINI, MICHAEL
Address: 221 SE 8TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCINE ORSINI

PD

02/27/2007

Electronic Signature of Signing Officer or Director

_____ Date