


**2006 FOR PROFIT CORPORATION**

**DOCUMENT # P05000055823**

1. Entity Name  
**PETER ALTIERI CONSULTANTS INC**



**FILED**

06 NOV -2 AM 9:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**610 S BETTY LANE**      **610 S BETTY LANE**  
**UNIT 6**      **UNIT 6**  
**CLEARWATER, FL 33756 US**      **CLEARWATER, FL 33756 US**

*TA x ID*



**REINSTATEMENT** (05)

2. Principal Place of Business      3. Mailing Address

*610 S. Betty Ln*      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*# 6*      *FL*

City & State      City & State

*Clearwater*      *FL*

4. FEI Number      Applied For

*20-2679893*      Not Applicable

Zip      Country      Zip      Country

*33756*      *U.S.*      *33756*      *Pennellia*

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUCKLEY, JAMES M**  
**2018 FAIRBANKS ST**  
**TAMPA, FL 33604**

7. Name and Address of New Registered Agent

Name *Peter Altieri*  
 Street Address (P.O. Box Number is Not Acceptable) *610 S. Betty Ln unit #6*  
 City *Clearwater*      FL      Zip Code *33756*

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 *[Signature]*      DATE *Oct 4, 2006*

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**( FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 )**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | P                    | <input type="checkbox"/> Delete |
| NAME            | ALTIERI, PETER J     |                                 |
| STREET ADDRESS  | 610 S BETTY LANE     |                                 |
| CITY - ST - ZIP | CLEARWATER, FL 33756 |                                 |
| TITLE           |                      | <input type="checkbox"/> Delete |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |
| TITLE           |                      | <input type="checkbox"/> Delete |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |
| TITLE           |                      | <input type="checkbox"/> Delete |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |
| TITLE           |                      | <input type="checkbox"/> Delete |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

*400091470984*  
*11/02/06-01029-003 \*\*600.00*  
*10/10/06 01054 021 \$150.00*

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 if changed, or on an attachment with an address, with another firm empowered.

SIGNATURE: *[Signature]*      DATE *Oct 4, 2006*      DAYTIME PHONE # *727-246-9991*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #