

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 27, 2006 8:00 am
Secretary of State

05-02-2006 90183 027 ***150.00

DOCUMENT # P05000062205 1. Entity Name KUYKENDALL CONSULTING INC.			
Principal Place of Business 234 EAST DAVIS BLVD. 202 TAMPA, FL 33606		Mailing Address 234 EAST DAVIS BLVD. 202 TAMPA, FL 33606 US	
2. Principal Place of Business 238 EAST DAVIS BLVD Suite, Apt. #, etc. 202		3. Mailing Address 238 EAST DAVIS BLVD Suite, Apt. #, etc. 202	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33606		Zip 33606	
Country 		Country 	
4. FEI Number 20-2795581		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUYKENDALL, TERRELL J 234 EAST DAVIS BLVD. 202 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 238 EAST DAVIS BLVD 202 City TAMPA FL Zip Code 33606	
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 <u><i>Terrell J. Kuykendall</i></u> TERRELL J. KUYKENDALL 4/27/06 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P, T NAME KUYKENDALL, TERRELL J STREET ADDRESS 238 EAST DAVIS BLVD. CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete <i>Suite 202</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE: <u><i>Terrell J. Kuykendall</i></u> TERRELL J. KUYKENDALL 4/27/06 813 2443645 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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