


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90003 033 \*\*\*150.00

<b>DOCUMENT # P05000077001</b> 1. Entity Name <b>5 POINTS CONSULTING, INC.</b>					
Principal Place of Business <b>7651 GATE PARKWAY #705 JACKSONVILLE, FL 32256</b>			Mailing Address <b>7651 GATE PARKWAY #705 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business <b>104 Clear Lake Dr.</b> Suite, Apt. #, etc.			3. Mailing Address <b>104 Clear Lake Dr.</b> Suite, Apt. #, etc.		
City & State <b>Ponte Vedra beach, FL</b>		City & State <b>Ponte Vedra beach, FL</b>		4. FEI Number <b>56-2515270</b>	
Zip <b>32082</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TARABOLEH, CAROLYN 104 CLEAR LAKE DRIVE PONTE VEDRA BEACH, FL 32082</b>				7. Name and Address of New Registered Agent Name <b>Carolyn Taraboletti</b> Street Address (P.O. Box Number is Not Acceptable) <b>104 Clear Lake Drive</b> City <b>Ponte Vedra Beach</b> <b>FL</b> Zip Code <b>32082</b>	
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>Carolyn A. Taraboletti, Managing Partner</i></u> DATE <u><i>7-18-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONAL NOMINEES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACEJEWSKI, LAMBRINE 7651 GATE PARKWAY #705 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lambrine Macejewski</b> <b>3022 ST JOHNS AVE</b> <b>Jacksonville FL 32205</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARABOLEH, CAROLYN 104 CLEAR LAKE DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carolyn Taraboletti</b> <b>104 Clear Lake Dr.</b> <b>Ponte Vedra Beach, FL 32082</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Carolyn A. Taraboletti</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>7-18-06</i></u> <u><i>312-316-4581</i></u> <small>Date Daytime Phone #</small>		