2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2006 8:00 am Secretary of State 03-10-2006 90002 001 ***150.00

DOCUMENT # P05000080631 1. Entity Name ALD CONSULTANTS, INC.						03-10-20	006 90002 001	***150.00	
Principal Place of Business Mailing Address						66007663			
505 DOGWOOD STREET 505 DOGWOOD STREE PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH,						•	00,000		
2. Principal F	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. *, etc.				i seint eira Aflik Ødift Bf			
City & State		City & State			01182006	Chg-P	CR2E034 (11/05		
					4. FEI Numb	<u>"20-294</u>	136/-	Applied For Not Applicable	
Zip	Country	Zip Countr				of Status Desired	□ \$8.75 A Fee Requi		
Name and Address of Current Registered Agent					7. Name and	Address of New I			
DURHAM, JAMES E				Name					
	NOOD STREET CITY BEACH, FL 32407	Street Address		eet Address (I	P.O. Box Numb	er is Not Acceptabl	e)		
ĺ			Cit	<u> </u>		·	□ Zip Co	ala.	
8. The above	named ontity a shorter this statement is	or the nurnose of changing its	į į		and angest as he	th in the Press of D			
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, typed or primare of registered agent and late 4 applicable (INDTE: Registered Agent signature required when remissional) Date									
 	and a second production of the second of the	-		adulerus sectivates	· Immersiongs	·····	DATE ,	 . •	
FIL After M	E NOW!!! FEE 18 \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con		□ \$5.	00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
MAME	D DURHAM, AMELIA L						Change	☐ Addition	
STREET ADDRESS				ESS					
TITLE	PANAMA CITY BEACH, FL 32407 cr								
NAME	DURHAM, JAMES E		TITLE NAME	İ			Change	☐ Addition	
STREET ADDRESS	505 DOGWOOD STREET PANAMA CITY BEACH, FL 324	07	STREET ADDR	E25					
TITLE	Delete 11						☐ Change	[] Addition	
NAME		LI OGRAS	NAME				i ∟ change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	EZS					
TITLE		☐ Delete	little			·	C) Chance	Addition	
NAME		_ 244	NAME				Chambe	☐ AUGRICII	
STREET ADDRESS			STREET ADDR	ESS					
TITLE		☐ Delete	THE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME STREET ADDRESS			NAME				_ ,	_	
CITY-ST-2IP		. 50	STREET ADDR						
TITLE		Deteta	TIPLE	- -	· -		☐ Change	☐ Addition	
STREET ADDRESS	-	-	MAME STREET ADDR	. · ·	•	•	•		
CITY-ST-ZIP			CITY-ST-ZIP	~					
12. I hereby of indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp	n this filing does not qualify to s true and accurate and that r owered to execute this report	or the examption my signature ships as required by	ns contained all have the s Chapter 607.	in Chapter 119 ame legal effec Florida Statute	Florida Statutes. I as il made under i s; and that my nam	further certify that the bath; that I am an office appears in Block 10 c	information or director or Block 11 if	
indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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 othersities empowered.									
SIGNATURE: Jans & and 3/8/06									