2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # P05000094284** 1. Entity Name BLANCO CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 9776 NW 51 TERRACE 9776 NW 51 TERRACE MIAMI, 33178 FL MIAMI, FL 33178 US 04122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3809699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLANCO, SHEILA M DO NOT WRITE 9776 NW 51 TERRACE MIAMI, FL 33178 IN THIS SPACE 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BLANCO, SHEILA M NAME 9776 NW 51 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS *U00000706997* CITY-ST-ZIP 04/24/07-80056-018 150.00 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and the my name appears in Block 10 or Block 11 in the corporation of the receiver of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and the my name appears in Block 10 or Block 11 in the corporation of the receiver of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and the my name appears in Block 10 or Block 11 in the corporation of the receiver of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the corp of the corporation or the receiver or changed, or on an attachment with