

2006 FOR PROFIT CORPORATION ANNUAL REPORT


1/1

FILED
Mar 20, 2006 8:00 am
Secretary of State

01-12-2006 90165 008 ***150.00

DOCUMENT # P05000115108

1. Entity Name
COMANCHE CONSULTANCY INC.



Principal Place of Business
**4335 LYNX PAW TRAIL
 VALRICO, FL 33594 US**

Mailing Address
**4335 LYNX PAW TRAIL
 VALRICO, FL 33594 US**

66005849



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
20-3872396

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**JOHNSON, JESSE
 4335 LYNX PAW TRAIL
 VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!! FEE IS \$180.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NEALON, JAMES	
STREET ADDRESS	105 PINE COURT	
CITY - ST - ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCALES, TAMMY	
STREET ADDRESS	4335 LYNX PAW TRAIL	
CITY - ST - ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JESSE	
STREET ADDRESS	4335 LYNX PAW TRAIL	
CITY - ST - ZIP	VALRICO, FL 33594	
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		

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: Jesse L Johnson **Jesse L Johnson** 1/5/05 8136430022
Signature and typed or printed name of signing officer or director Date Daytime Phone #