2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121352

Entity Name: FRIEND CONSULTING INC.

FILED May 01, 2006 Secretary of State

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Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	ONA WINDS DRIVE BEACH, FL 33446			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	ONA WINDS DRIVE BEACH, FL 33446			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		: Name and Address of	Name and Address of New Registered Agent:	
DELRAY E	IODI ONA WINDS DRIVE BEACH, FL 33446 US named entity submits this statement for the of the office of Florida.	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation di mpaign Financing Trust Fund Contribution().	d not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST () Delete FRIEND, JODI 9763 SAVONA WINDS DRIVE DELRAY BEACH, FL 33446	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () Delete FRIEND, MARTIN 9763 SAVONA WINDS DRIVE DELRAY BEACH, FL 33446	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN FRIEND S 05/01/2006