2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 10, 2006 8:00 am Secretary of State **DOCUMENT # P05000129295** CHERRY INVESTMENT CONSULTING, INC. 02-10-2006 90033 043 ***150 00 Principal Place of Business Mailing Address 2610 GALLAGHER ROAD P. O. BOX 2486 DOVER, FL 33527 US BRANDON, FL 33509 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E034 (11/05) Chg-P 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHERRY, ERNEST E Street Address (P.O. Box Number is Not Acceptable) 2610 GALLAGHER ROAD **DOVER, FL 33527** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PΠ ☐ Delete TITLE Change Addition NAME CHERRY, ERNEST E NAME STREET ADDRESS 2610 GALLAGHER ROAD STREET ADDRESS CITY-ST-ZIP **DOVER, FL 33527** CITY-ST-7IP TITI F ☐ Delete TITI F ☐ Change Addition NAME CHERRY, ROLA A NAME STREET ADDRESS 2610 GALLAGHER ROAD STREET ADDRESS CITY-ST-ZIP **DOVER, FL 33527** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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

NO TYPETOR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proper