

2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/31/2006-90006-047-\$150.00-\$150.00

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50023554



DOCUMENT # P05000142899					
1. Entity Name O'BRIEN CONSULTING FACILITIES SERVICES, INC.					
Principal Place of Business 6617 PAMPUS DRIVE ORLANDO, FL 32819			Mailing Address 6617 PAMPUS DRIVE ORLANDO, FL 32819		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3650406	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'BRIEN, ANTHONY 6617 PAMPUS DRIVE ORLANDO, FL 32819				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: <i>Anthony W. O'Brien</i> DATE: 10/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P O'BRIEN, KAREN 6617 PAMPUS DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ANTHONY, O'BRIEN 6617 PAMPUS DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			B 10/12/06		
SIGNATURE: <i>Anthony W. O'Brien</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/23/06 <small>Date</small>		

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October 7, 2006

O'Brien Consulting Facilities Services, Inc.
6617 Pampus Drive
Orlando, FL 32819

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: 2003 Uniform Business Report
P-05000142899
Waiver of Late Fee
F.I.D. 20-3650406

To Whom It May Concern:

Please note that I did not receive the original Uniform Business Report, which should have been mailed to me earlier this year. I am sure that I did not receive the original request.

Please waive the \$400 penalty per Statutory Citation 607.193, part (2), which states that the penalty can be waived if the business entity did not receive the uniform business report. Please reinstate my corporation. I have enclosed the properly filled out Annual Report.

You have processed and accepted my check in the amount of \$150.00. I have enclosed a copy of this cancelled check.

Please feel free to contact me if you have any questions. You can call me at 407-352-0264.

I am looking forward to your action on this matter.

Thank you very much.

Sincerely,



Anthony O'Brien
President