

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149194

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: NATIONAL MINORITY CONSULTANTS, INC.

## Current Principal Place of Business:

1146 KEYES AVENUE  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

1146 KEYES AVENUE  
WINTER PARK, FL 32789

## New Mailing Address:

FEI Number: 20-3523846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNLAP, SYLVIA R  
1146 KEYES AVENUE  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCFO ( ) Delete  
Name: DUNLAP, SYLVIA R  
Address: 1146 KEYES AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: O ( ) Delete  
Name: SEATON, ROSA  
Address: 609 GALLERY DRIVE #2  
City-St-Zip: WINTER PARK, FL 32729

Title: O ( ) Delete  
Name: DUNLAP, JAMES C  
Address: 16680 LAKE PICKETT ROAD  
City-St-Zip: ORLANDO, FL 32820

Title: SO ( ) Delete  
Name: MINER, SUE  
Address: 3631 RONDA DRIVE  
City-St-Zip: DELTONA, FL 32789

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SYLVIA R DUNLAP

PCFO

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date