2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

miniom

Jan 31, 2007 8:00 am **Secretary of State DOCUMENT # P05000166594** 01-31-2007 90030 002 ***150.00 1. Entity Name 4TH CONDITION CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 40006749 2843 CEDAR RUN COURT 2843 CEDAR RUN COURT US US CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 20-4082979 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, DOMINIQUE Street Address (P.O. Box Number is Not Acceptable) 2843 CEDAR RUN COURT CLEARWATER, FL 33761 City Zip Code FL 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. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President Addition TITLE ☐ Delete TITLE Change Dominique Beck 2843 Cedar Run Court NAME NAME STREET ADDRESS STREET ADDRESS earwater - FL - 33761 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE reasurer ominique leck 842 Cedor Run Court NAME NAME STREET ADDRESS STREET ADDRESS carrater - FL - 33761 CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Reck NAME NAME Cedar Run Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP uater - FL- 33761 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

727-791-8679