FILED May 24, 2007 8:00 am Secretary of State 04-25-2007 90179 018 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000017972 1. Entity Name EXERTUS CONSULTING CORPORATION							04-23-2007	901/9 018	130.00
Principal Place 2355-TURNS OVIEDO, FL	ERDY DRIVE	112 ETTING	Mailing Address 2 156 TURNBERRY DR OVIEDO, FL 32765	WE []	5 ELLIN	Mart.	. . H rein ann ean eant raig	GEFOI WEN LEVELD INIUS FRENCE	DEIÐI I I IDÐI
2. Principal Pl	lace of Busin	ess - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132007	Chg-P	CR2E034 (12/06)
City & State			City & State			20-4	114517		opplied For lot Applicable
Zip		Country	Zîp	Coun	itry	5. Certificate	of Status Desired	S8.75 A	
6. Name and Address of Current			nt Registered Agent	Registered Agent Name		7, Name an	Address of New R	egistered Agent	
BLANTON 2450 TURN OVIEDO, F	IDERRY L	NT PRIVE (15 EA	WHATON PLAN	Street Address	(P.O. Box Numb	er is Not Acceptable)		
					City			FL Zip Co	de
SIGNATURE		schools bus statement and agent.	for the purpose of changing it	A	ed office or regist		oth, in the State of Flor	nida. I am familiar with	s, and accept
FIL	E NOW!!! ay 1, 2007	FEE IS \$150.00 Fee will be \$550	9. Election Campa Trust Fund Con			5.00 May Be Ided to Fees	ĺ		
10.	CEO	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTO	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	BLANTON	MATTHEW T NBERRY DRIVE FL 32765	☐ Deleta					☐ Change	Addition
TITLE NAME STREET ACCORESS CITY-5T-2P		: à	☐ Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-51-2P			☐ Deisia				***	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZP			☐ Celete		4			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete		1			Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Deleta	-				☐ Change	Addition .
indicated of the co changed	on this report reporation or the contract of t	rt or supplemental report ne receiver or trustee en	ith this filing does not qualify it is told and accurate and that proweled to execute this reports, with all other like empowered	my signa It as requ	emptions contain iture shall have the ired by Chapter 6 14777†&~	e same legal effe 07, Florida Statu)	9, Florida Statutes. I act as if made under des: and that my name	further certify that the ath; that I am an office appears in Block 10	information or or director or Block 11 if
SIGNAT	יטאב: _	SUCHATURE AND TYPED O	R PRINTED HAME OF EIGHING OFFICE	R OR DIREC		·	T Daine	Deyame Phone 8	· · · · · ·