

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 03, 2007
Secretary of State**

DOCUMENT# P06000035333

Entity Name: STORYBOARD CONSULTING, INC.

Current Principal Place of Business:

P.O. BOX 248561
CORAL GABLES, FL 33124 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 248561
CORAL GABLES, FL 33124 US

New Mailing Address:

FEI Number: 20-5047403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORM-A-CORP, INC.
100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33410 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: D,P () Delete
Name: GIBELLI, MARK
Address: P.O. BOX 248561
City-St-Zip: CORAL GABLES, FL 33124 US

Title: D,VP () Delete
Name: HOLLAND, HANS
Address: P.O. BOX 248561
City-St-Zip: CORAL GABLES, FL 33124 US

Title: T () Delete
Name: HOLLAND, LAUREN
Address: P.O. BOX 248561
City-St-Zip: CORAL GABLES, FL 33124 US

Title: S () Delete
Name: GIBELLI, MONIQUE
Address: P.O. BOX 248561
City-St-Zip: CORAL GABLES, FL 33124 US

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: MARK GIBELLI

D,P

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date