

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035333

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: STORYBOARD CONSULTING, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

3200 S. CONGRESS AVE.  
201  
BOYNTON BEACH, FL 33419 US

**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 (X)

**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 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

03/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date