2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# P06000043300

Entity Name: HEMISPHERE ALLIANCE CONSULTING, INC.

Current Principal Place of Business:

601 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131 US

New Principal Place of Business:

601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131 US

Current Mailing Address:

601 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131 US

New Mailing Address:

601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131 US

FEI Number: 51-0573598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAUDE, RICKY A MR.
888 BRICKELL KEY DRIVE
APT. #604
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

NAUDE, RICKY A MR.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131 US

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: RICKY A NAUDE 03/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NAUDE, RICKY A MR.
Address: 888 BRICKELL KEY DRIVE, APT. #604
City-St-Zip: MIAMI, FL 33131 US

Title: P, S (X) Delete
Name: NAUDE, RICKY A MR.
Address: 888 BRICKELL KEY DRIVE, APT. #604
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: NAUDE, RICKY A MR.
Address: 888 BRICKELL KEY DRIVE, APT. #604
City-St-Zip: MIAMI, FL 33131 US

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: RICKY A NAUDE P 03/23/2007
Electronic Signature of Signing Officer or Director Date