

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047091

**FILED**  
**Jan 05, 2008**  
**Secretary of State**

**Entity Name:** DIFFERENT PATH CONSULTING INC.

**Current Principal Place of Business:**

642 TRAILWOOD DR  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

611 SPRING VALLEY RD  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

642 TRAILWOOD DR  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

611 SPRING VALLEY RD  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 20-4634111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARREN, LOWELL A  
642 TRAILWOOD DR  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

WARREN, LOWELL A  
611 SPRING VALLEY RD  
ALTAMONTE SPRINGS, FL 32714 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:**

01/05/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WARREN, LOWELL A  
Address: 642 TRAILWOOD DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WARREN, LOWELL A  
Address: 611 SPRING VALLEY RD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:** LOWELL A WARREN

P

01/05/2008

Electronic Signature of Signing Officer or Director

Date