
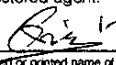
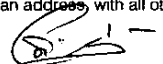


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 006 \*\*\*150.00

<b>DOCUMENT # P06000063658</b>					
1. Entity Name SITI J CONSULTING, INC.					
Principal Place of Business 1610 NANTUCKET CT. PALM HARBOR, FL 34683			Mailing Address 1610 NANTUCKET CT. PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box # 8 RIDGE POINTE DR. Suite, Apt., #, etc. A		3. Mailing Address 8 RIDGE POINTE DR. Suite, Apt., #, etc. A-			
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL		4. FEI Number 20-4844777	
Zip 33435	Country USA	Zip 33435	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSKOWITZ, SITI 1610 NANTUCKET CT. PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name: SITI MOSKOWITZ Street Address (P.O. Box Number is Not Acceptable): 8 RIDGE POINTE DR. SUITE A City: BOYNTON BEACH, FL Zip Code: 33435		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSKOWITZ, SITI 1610 NANTUCKET CT. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 RIDGE POINTE DR SUITE A BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSKOWITZ, KENNETH S 1610 NANTUCKET CT. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 RIDGE POINTE DR. SUITE A BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/30/07 Daytime Phone #: 863-840-1451		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		