2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075410

Entity Name: R.K. DAVIS ANES. CONSULTING, INC.

FILED Jan 14, 2012 Secretary of State

| Current Principal Place | of Business: | New Principal Place of | New Principal Place of Business: | |
|--|---------------------------------|--|---|--|
| 1093 A1A BEACH BLVD. PMB 348 ST. AUGUSTINE, FL 32080 | | 8634 NW 59TH PLACE PARKLAND, FL 33067 | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| 1093 A1A BEACH BLVD. PMB 348 ST. AUGUSTINE, FL 32080 | | 8634 NW 59TH PLACE PARKLAND, FL 33067 | | |
| FEI Number: 42-8988079 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of N | Name and Address of New Registered Agent: | |
| FRIEDMAN, MARC 8634 NW 59TH PLACE PARKLAND, FL 33067 | 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: | | | | |
| Electror | nic Signature of Registered Age | nt | Date | |
| | | | | |
| | | | | |

OFFICERS AND DIRECTORS:

Title:

Name: SHARON H. DAVIS
Address: 18479 PECANWOOD LN.
City-St-Zip: FOLEY, AL 36535

I hereby 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 all other like empowered.

SIGNATURE: SHARON H. DAVIS D 01/14/2012