2007 FOR PROFIT CORPORATION _ANNUAL REPORT

DOCUMENT # P06000084412					FILED				
1. Entity Name TEKNIQUE CONSULTING FIRM, INC					07 MAY 14 PM 2: 36				
Principal Place of Business 9536 PRINCETON SQUARE BLVD. SOUTH APT #1804 JACKSONVILLE, FL 32256		Mailing Address 9536 PRINCETON SQUARE BLVD. S APT #1804 JACKSONVILLE, FL 32256		/D. SOUTH	ALLA MSSEÈ, FLORIDA			 	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Numb	er		<u> </u>	plied For t Applicable
Zip	Country Zip		Coun	itry		of Status Desired		\$8.75 Add Fee Require	
<u> </u>	6. Name and Address of Current		Name	7. Name and	Address of New I	Registered	Agent		
GERALD P. JONES, CPA, PA				Street Address (P.O. Box Number is Not Acceptable)					
2039 SOUTEL DRIVE JACKSONVILLE, FL 32208				Stradt Address		- Is Not Neceptadi			
				0.		19-41-1		1	
				City			Fl	<u> </u>	
	enamed entity submits this statement fitions of registered agent.	or the purpose of changing it	s registere	ed office or registe	red agent, or bo	oth, in the State of Fl	orida. 1 arr	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NO	TE. Registere	d Agent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.		.00 May Be ded to Fees						
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	ICERS AN	D DIRECTOR	S IN 11
TITLE Name	P Delete ITIL							☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	9536 PRINCETON SQUARE BLVD. SOUTH #1804 STR			EET ADDRESS -ST-ZIP	15/21				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				l	9 95/3	001 03 1/07—0100	589 7010	□ Change 298 ••350	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32256			EET ADDRESS - ST-ZIP				☐ Change	Addition
12. I hereby of indicated of the cor changed.	certify that the information supplied wit on this report or supplemental report proration or the receiver or trustee end , or on an attachment with an address,	If this filling does not qualify is true and accurate and that sowered to execute this reposition all other like empowerer	for the expression as equi	emptions containe ture shall have the red by Chapter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nam	I further ce oath; that I ne appears	rtify that the ir am an officer in Block 10 or	nformation or director Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date									