## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 14, 2008 8:00 am **Secretary of State** DOCUMENT # P06000113349 02-14-2008 90015 018 \*\*\*150.00 1. Entity Name SEO CONSULTING, INC. 44044044 Principal Place of Business. Mailing Address 45 COTTAGE ROAD SYIBULEONINK RKE 45 COTTAGE ROAD 4305 MIRAMAR, FL 32540 MIRAMAR, FL 32540 Crescent Springs Ky 01292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4485002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHORT, ALVIN DO NOT WRITE 45 COTTAGE ROAD MIRAMAR, FL 32540 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLE SHORT, ALVIN NAME STREET ADDRESS 45 COTTAGE ROAD CITY-ST-ZIP MIRAMAR, FL 32540 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with 9ll other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED