


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90020 044 \*\*\*158.75

|   |                                   |  |   |   |                                     |
|---|-----------------------------------|--|---|---|-------------------------------------|
| <b>DOCUMENT # P06000149283</b>  |                                   |  |   |                          |                                     |
| <b>1. Entity Name</b><br>ANDERSON CONSULTING TEAM, INC.   |                                   |  |   |   |                                     |
| <b>Principal Place of Business</b><br>10626 MISTY LANE<br>ROYAL PALM BEACH, FL 33411 US   |                                   |  | <b>Mailing Address</b><br>10626 MISTY LANE<br>ROYAL PALM BEACH, FL 33411 US |   |                                     |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                                   | <b>3. Mailing Address</b>  |   |   |                                     |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.  |   |   |                                     |
| City & State  |                                   | City & State   |   |   |                                     |
| Zip   | Country                           | Zip  | Country   | <b>4. FEI Number</b><br>20-8184456  |                                     |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |                                   |  |   | <b>Applied For</b><br>Not Applicable  |                                     |
| <b>6. Name and Address of Current Registered Agent</b><br>ANDERSON, JENNIFER<br>10626 MISTY LANE<br>ROYAL PALM BEACH, FL 33411  |                                   |  |   | <b>7. Name and Address of New Registered Agent</b>  |                                     |
| Name  |                                   |  |   | Street Address (P.O. Box Number is Not Acceptable)  |                                     |
| City  |                                   |  |   | FL Zip Code   |                                     |
| <b>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.</b>  |                                   |  |   |   |                                     |
| SIGNATURE <u>Jennifer Anderson, President</u><br><small>Signature typed or printed name of registered agent and title if applicable.</small>  |                                   |  |   | DATE <u>March 31, 2007</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |                                     |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |                                   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |                                     |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                |   |                                     |
| <b>TITLE</b><br>P   | <b>NAME</b><br>ANDERSON, JENNIFER | <input type="checkbox"/> Delete  | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>STREET ADDRESS</b><br>10626 MISTY LANE   | ROYAL PALM BEACH, FL 33411        |  | <b>NAME</b>   | STREET ADDRESS  |                                     |
| <b>CITY-ST-ZIP</b><br>ROYAL PALM BEACH, FL 33411  |                                   |  | <b>CITY-ST-ZIP</b>  |   |                                     |
| <b>TITLE</b><br>VP  | <b>NAME</b><br>ANDERSON, CHARLES  | <input type="checkbox"/> Delete  | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>STREET ADDRESS</b><br>10626 MISTY LANE   | ROYAL PALM BEACH, FL 33411        |  | <b>NAME</b>   | STREET ADDRESS  |                                     |
| <b>CITY-ST-ZIP</b><br>ROYAL PALM BEACH, FL 33411  |                                   |  | <b>CITY-ST-ZIP</b>  |   |                                     |
| <b>TITLE</b>  | <input type="checkbox"/> Delete   |  | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>NAME</b>   |                                   |  | <b>NAME</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>STREET ADDRESS</b>   |                                   |  | <b>STREET ADDRESS</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>CITY-ST-ZIP</b>  |                                   |  | <b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>TITLE</b>  | <input type="checkbox"/> Delete   |  | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>NAME</b>   |                                   |  | <b>NAME</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>STREET ADDRESS</b>   |                                   |  | <b>STREET ADDRESS</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>CITY-ST-ZIP</b>  |                                   |  | <b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>TITLE</b>  | <input type="checkbox"/> Delete   |  | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>NAME</b>   |                                   |  | <b>NAME</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>STREET ADDRESS</b>   |                                   |  | <b>STREET ADDRESS</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>CITY-ST-ZIP</b>  |                                   |  | <b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| <b>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.</b> |                                   |  |   |   |                                     |
| <b>SIGNATURE:</b> <u>Jennifer Anderson</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                   |  | Date <u>3-31-07</u>   |   | Daytime Phone # <u>561-252-4086</u> |