

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073557

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ODEESKEY CONSULTING INCORPORATED

**Current Principal Place of Business:**

6485 CEDARBROOK DRIVE  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

6485 CEDARBROOK DRIVE  
PINELLAS PARK, FL 33782

**New Mailing Address:**

831 SUGAR OAK LANE  
LAWRENCEVILLE, GA 30043

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OGIDIGBEN, EMMANUEL  
6485 CEDARBROOK DRIVE  
PINELLAS PARK, FL 33782      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      OGIDIGBEN, EMMANUEL  
Address:                      6485 CEDARBROOK DRIVE  
City-St-Zip:                      PINELLAS PARK, FL 33782

Title:                      VP                      ( ) Delete  
Name:                      AMACHREE H., OWUNARI  
Address:                      6324 N BLACK CANYON HWY, APT-215  
City-St-Zip:                      PHOENIX, AZ 85017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      VP                      (X) Change ( ) Addition  
Name:                      AMACHREE H., OWUNARI  
Address:                      102 W PALOMINO DR, STE-129  
City-St-Zip:                      CHANDLER, AZ 85225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EMMANUEL OGIDIGBEN

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date