2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076557

Entity Name: JOSEPH SCHEIRICH CONSULTING, INC.

Electronic Signature of Registered Agent

FILED Apr 29, 2012 Secretary of State

Date

| Current Principal Place of Business: | | New Principal Place of Business: | |
|-----------------------------------------------------------------|----------------------------------|-------------------------------------------|--------------------------------------|
| 5438 MEADOWS EDGE LAKE WORTH, FL 3346 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 5438 MEADOWS EDGE LAKE WORTH, FL 3346 | | | |
| FEI Number: 27-3585078 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| SCHEIRICH, JOSEPH M 5438 MEADOWS EDGE LAKE WORTH, FL 3346 | DRIVE | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |

OFFICERS AND DIRECTORS:

Title:

SIGNATURE:

Name: SCHEIRICH, JOSEPH M JR Address: 5438 MEADOWS EDGE DRIVE City-St-Zip: LAKE WORTH, FL 33463

Title: VP

Name: OBRIEN, ERIN H

Address: 5438 MEADOWS EDGE DRIVE City-St-Zip: LAKE WORTH, FL 33463

Title: VP

Name: SCHEIRICH, DAVID B

Address: 3410A SPANISH WELLS DRIVE City-St-Zip: DELRAY BEACH, FL 33445

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: JOSEPH SCHEIRICH PRES 04/29/2012