2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# P93000053212

Entity Name: CDC CONSULTING, INC.

Current Principal Place of Business:

3125 ESTATES DR
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

2333 PONCE DE LEON BLVD.
SUITE 308
CORAL GABLES, FL 33143 US

Current Mailing Address:

3125 ESTATES DR
POMPANO BEACH, FL 33069 US

New Mailing Address:

2333 PONCE DE LEON BLVD.
SUITE 308
CORAL GABLES, FL 33143 US

FEI Number: 65-0429046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMBLISS, CHRISTOPHER D
3125 ESTATES DRIVE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

ALFONSO, SOUED
2333 PONCE DE LEON BLVD.
SUITE 308
CORAL GABLES, FL 33143 US

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: ALFONSO SOUED 03/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: CHAMBLISS, CHRISTOPHER D
Address: 3125 ESTATES DR
City-St-Zip: CORAL GABLES, FL 33146

Title: V ( ) Delete
Name: CHAMBLISS, ADRIANA M
Address: 3125 ESTATES DR
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MARIA, KNIGHT M
Address: 2333 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33143 US

Title: V (X) Change ( ) Addition
Name: ADRIANA, CHAMBLISS M
Address: 2333 PONCE DE LEON BLVD. SUITE 308
City-St-Zip: CORAL GABLES, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADRIANA CHAMBLISS V 03/29/2005
Electronic Signature of Signing Officer or Director Date