

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053212

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: CDC CONSULTING, INC.

## Current Principal Place of Business:

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

## Current 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 ( )

## New Principal Place of Business:

1451 WEST CYPRESS CREEK ROAD  
SUITE 300  
FORT LAUDERDALE, FL 33309 US

## New Mailing Address:

1451 WEST CYPRESS CREEK ROAD  
SUITE 300  
FORT LAUDERDALE, FL 33309 US

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CHAMBLISS, ADRIANA M  
1451 WEST CYPRESS CREEK ROAD  
SUITE 300  
FORT LAUDERDALE, FL 33309 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: ADRIANA CHAMBLISS

04/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: MARIA, KNIGHT M  
Address: 1451 WEST CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: V (X) Change ( ) Addition  
Name: ADRIANA, CHAMBLISS M  
Address: 1451 WEST CYPRESS CREEK ROAD, SUITE 300  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIANA M. CHAMBLISS

V

04/06/2006

Electronic Signature of Signing Officer or Director

Date