2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2008 08:00 AN Secretary of State

| | | <u> </u> | - 1 | 1 | | acratary of |
|---|---|---|--|--|---|--|
| 1. Entity Nar | MENT # P930000718 DONSULTING LABS, INC. | 42 | | | | ecretary of S |
| Principal Plac | ce of Business | Mailing Address | | | | |
| 1425 SW 19 | | 1425 SW 1ST CT | | | | |
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| POMPANO E | BEACH, FL 33069 | POMPANO BEACH, FL 3306 | 9 | | NA MINI AZNI BERT BODY | ###################################### |
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| lah Mindiki | | | | 65-0455 | 811 | Not App |
| | | Colorania de Cara | | 5. Certificate o | Status Desired | \$8.75 Additiona |
| | 6. Name and Address of Current Reg | pistered Agent | | | Na _ basine : 2 0000000000000000000000000000000000 | |
| MALICHAI | N, CHRISTOPHER D. | | | | de raskin (kiris) | Mark of Section |
| 4780 SW | | | | \$ DO: | | RITE |
| FT. LAUD | , FL 33317 · | | | INIT | HIS SP | ACE . |
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| | | | | rentant en | in en skill i fireden sko Kalendar i fireden sko | |
| | e named entity submits this statement for the tions of registered agent. | e purpose of changing its registe | ered office or register | ed agent, or both, | in the State of Flor | da. Tam familiar with, and n |
| | , , | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and t | nie i applicable. (NOTE: Registe | S G Fee S ared Agent signature required | when renstating) | · · · · · · | DATE |
| · · · · · · · · · · · · · · · · · · · | | | | I | | |
| FIL After M | E NOW!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution | | 00 May Be ad to Fees | | |
| 10. | OFFICERS AND DIF | ECTORS | | a Partigo | | |
| TITLE NAME | D VAUGHAN, CHRISTOPHER D | | | studěnou zákoros | kranta a Alas Jesi | . Takan liki sa |
| STREET ADDRESS | 4780 SW 12TH ST | | | | Linnana | 777109) |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33317 | | | kudigi ku digir k | n 1209208- | 777109 : 80051-019 150.00 |
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| STREET ADDRESS City-St-Zip | • | | | | ering and the second | a diga dipenti |
| TITLE | | | | | | |
| NAME | | | | AMAR-William | riskygoski | |
| STREET ADDRESS | | | | | W TOP | * * * |
| CITY-ST-ZIP | | | 1.1 (2004) 1.5(1) 1.6(1) | | A O 1 1 3 4 4 1 | Z1:1 F |
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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 for the 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 out of the corporation or the receiver of trustee en powered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block anged, or on an attachment with an appears with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4/08)

(954) <u>942-895</u>5