2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000088324

1. Entity Name

HACKNEY CONSULTING INC.

Mailing Address

4901 NW 17 WAY, #103 FORT LAUDERDALE, FL 33309

Principal Place of Business

4901 NW 17 WAY, #103 FORT LAUDERDALE, FL 33309

FILED May 01, 2006 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN THIS	SPACE
----------------------------	----	-----	-------	---------	-------

03292006 CR2E034 (11/05) No Chg-P

Applied For 4. FEI Number 65-0453823 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Daytime Phone #

6. Name and Address of Current Registered Agent

LEVY, ALAN M 4901 N.W. 17TH WAY STE. 103

CITY-ST-7/P

SIGNATURE

FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

the obliga	a named entity submits this statement for the pations of registered agent.	urpose of changing its r	egistered office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	l'applicable (NOTE	Registered Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	U00000556840
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECT D JAKABOVITS, ERNO 1327 H 46 ST. BROOKLYN, NY 11219	TORS			<u>' 05/17/06-80026-011 150.00 </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or suppliemental 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 director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR