

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000021999

Entity Name: ELLMAN CONSULTING, INC.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

730 W. MCNAB RD.
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

730 W. MCNAB RD.
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0479502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERK, ARTHUR J
848 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SIROP, KEVIN
730 WEST MCNAB ROAD
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: KEVIN SIROP

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ELLMAN, JACOB L
Address: 730 W. MCNAB RD.
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D () Delete
Name: ELLMAN, ELAINE
Address: 730 W. MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: V () Delete
Name: ELLMAN, LANCE
Address: 730 WEST MCNAB RD.
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VS () Delete
Name: BERK, ARTHUR J
Address: 730 W. MCNAB RD.
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: V () Delete
Name: ELLMAN, NEIL
Address: 730 W. MCNAB RD.
City-St-Zip: FT. LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JACOB L ELLMAN

DPT

04/13/2007

Electronic Signature of Signing Officer or Director

Date