

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022215

FILED
Jul 06, 2006
Secretary of State

Entity Name: GREYSTOKE CONSULTING, INC.

Current Principal Place of Business:

12360 -66TH ST N.
STE W
LARGO, FL 33773 US

Current Mailing Address:

P O BOX 1200
PINELLAS PARK, FL 337801200 US

New Principal Place of Business:

4625 EAST BAY DRIVE
SUITE 226
CLEARWATER, FL 33764 US

New Mailing Address:

4625 EAST BAY DRIVE
SUITE 224
CLEARWATER, FL 33764 US

FEI Number: 59-3233594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTON, CHERVITZ
4203 PRESERVE PLACEA
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

NORTON, CHERVITZ
4203 PRESERVE PLACE
PALM HARBOR, FL 34685 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: NORTON CHERVITZ

07/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ELLIOTT, DOUGLAS W
Address: 6350 92ND N. #2201
City-St-Zip: PINELLAS PARK, FL 33782

Title: ST () Delete
Name: CHERVITS, NORTON
Address: 4203 PRESERVE PL.
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: CHERVITZ, NORTON
Address: 4203 PRESERVE PL.
City-St-Zip: PALM HARBOR, FL 34685

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: DOUGLAS W ELLIOTT

PSD

07/06/2006

Electronic Signature of Signing Officer or Director

Date