


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90091 035 ***150.00

DOCUMENT # P94000037547					
1. Entity Name RENEGADE CONSULTING, INC.					
Principal Place of Business 5050 W LEMON STREET STE 200 TAMPA, FL 33609			Mailing Address 5050 W LEMON STREET STE 200 TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box # 5025 WEST LEMON STREET			3. Mailing Address 5025 WEST LEMON STREET		
Suite, Apt. #, etc. SUITE 200			Suite, Apt. #, etc. SUITE 200		
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 65-0492102	
Zip 33609		Country USA		Applied For Not Applicable	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAN, THOMAS J 5050 W LEMON STREET STE 200 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
THOMAS J. BEAN 5025 W LEMON STREET SUITE 200 TAMPA, FL 33609			THOMAS J. BEAN 5025 W LEMON STREET SUITE 200 TAMPA, FL 33609		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARTIN, JAMES J III 5050 W LEMON STREET STE 200 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BEAN, THOMAS J 5050 W LEMON STREET STE 200 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEAN, THOMAS J. PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5025 WEST LEMON STREET, SUITE 200 TAMPA, FL 33609 US	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas J. Bean Pres</u> <u>4/27/07</u> <u>813-637-2230</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					