2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P94000079159

1. Entity Name

BECKER ANDERSON CONSULTANTS, INC.



Principal Place of Business

7751 SW 62ND AVE SUITE 200

S MIAMI, FL 33143 U

Mailing Address

7751 SW 62ND AVE SUITE 200

S MIAMI, FL 33143 US

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90215 010 ***158.75

40083779



04022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2746685

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

	6.	Name	and	Address	of	Current	Registered	Agent

ANDERSON, RICHARD P 7751 SW 62ND AVE SUITE 200

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S MIAMI, FL	33143		IN THIS SPACE				
		!					
8. The above na the obligation	emed entity submits this statement for the p is of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or both, in the S	state of Florida. I am familiar with, and accept		
SIGNATURE	nature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE		
	NOW!!! FEE IS \$150.00 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 			
NAME A STREET ADDRESS 7	ST INDERSON, RICHARD P 1751 SW 62ND AVE, SUITE 200 B MIAMI, FL 33143						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			DO NO	T WRITE		

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12. I hereby certify that the information supplied with this filling 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 the like proposered.

SIGNATURE:

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 3056674015