



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90003 010 ***150.00

DOCUMENT # P94000081776 1. Entity Name BIOGRAPHIC CONSULTING CORP.					
Principal Place of Business 525 S. FLAGLER DRIVE #11D WEST PALM BEACH, FL 33401 US		Mailing Address 525 S. FLAGLER DRIVE #11D WEST PALM BEACH, FL 33401 US			
2. Principal Place of Business 1822 BREAKERS WEST COURT Suite, Apt. #, etc.		3. Mailing Address 1822 BREAKERS WEST COURT Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-0540027	
Zip 33411		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, RICHARD A 525 S. FLAGLER DR. #11D WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1822 BREAKERS WEST COURT City WEST PALM BEACH FL Zip Code 33411	
8. The above named entity submits this statement for the purpose of changing its <u>registered office</u> or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Richard A. Levine</i></u> DATE: <u>JULY 5, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, RICHARD A 525 S. FLAGLER DR., #11D WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1822 BREAKERS WEST COURT WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, FRANCES R 7764 VILLA DESTRE WAY DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4772 NO. CITATION DRIVE, #106 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, KIM S 4784 FOX HUNT TRAIL BOCA RATON, FL 33487	<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><i>Richard A. Levine</i></u> RICHARD A. LEVINE <u>JULY 5, 2006</u> <u>561-790-2534</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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