

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P94000081776

1. Entity Name
BIOGRAPHIC CONSULTING CORP.



Principal Place of Business
**1822 BREAKERS WEST CT
WEST PALM BEACH, FL 33411 US**

Mailing Address
**1822 BREAKERS WEST CT
WEST PALM BEACH, FL 33411 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0540027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVINE, RICHARD A
1822 BREAKERS WEST CT
WEST PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVINE, RICHARD A
STREET ADDRESS	1822 BREAKERS WEST CT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	LEVINE, FRANCES R
STREET ADDRESS	4772 NORTH CITATION DR SUITE 106
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	LEVINE, KIM S
STREET ADDRESS	4784 FOX HUNT TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/11/07-80014-002 150.00

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IN THIS SPACE**

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: Richard A. Levine **RICHARD A. LEVINE** **JANUARY 9, 2007** **SGI-790-2534**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #