


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000008766 1. Entity Name CONSULTING CONTRACTORS, INC.	
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Principal Place of Business 1313 DIVOT LN TAMPA, FL 33612	Mailing Address 1313 DIVOT LN TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3339945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, GREGORY L 712 SOUTH OREGON AVE. TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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 reappointing) 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
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE D	WILLIAMS, GUY A 1313 DIVOT LN TAMPA, FL 33612	
TITLE NAME		
TITLE NAME		
TITLE NAME		
TITLE NAME		
TITLE NAME		

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04/26/07-80093-010 150.00

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: *Guy A Williams* 4/18/07 813 376 3927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Guy A Williams