2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR OWNECTOR

FILED Feb 24, 2006 08:00 AM Secretary of State

2/20/2006

	ANNUAL	KEPOKT		_	Secretary of State
1. Entity Nam	MENT # P950000481				Secretary of State
ROYALC	ONSULTING SERVICES, INC				
Principal Plac	e of Business	Mailing Address		1	
211 WEST W. LONGWOOD,	ARREN AVENUE Fl 32750	211 WEST WARREN AVENUE LONGWOOD, FL 32750			
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				02202006	No Chg-P CR2E034 (11/05)
ם	O NOT WRITE I	N THIS SPA	CE	4. FEI Numb	
				59-332	\$9.75 Addition-1
	6. Name and Address of Current Reg	ictored Arant	1	5. Certilicate	of Status Desired Fee Required
DOY DOW		interest Many	1		
ROY, BRIAN L 102 FRANCES CIRCLE			DO NOT WRITE		
ALTAMONTE SPRINGS, FL 32701			IN THIS SPACE		
	named entity submits this statement for the cons of registered agent.	a purpose of changing its register	red office or registe	ered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.					· · · · · · · · · · · · · · · · · · ·
alokana one	Signature, typed or printed name of regis ered agent and a	tie if applicable (PrOTE: Registers	ed Agent signistura require	rd when remstating)	CATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Frust Fund Contribution.			~ — **		
10.	OFFICERS AND DIR	ECTORS	1		
NAME	ROY, BRIAN L		1		
STREET ADDRESS CITY-ST-ZIP	102 FRANCES CIRCLE ALTAMONTE SPRINGS, FL 32701		ì		
TITLE					
NAME STRELT ADDRESS					
CITY-SI-21P NILE			-[
NAME			ŧ		
Street Address City-St-Zip			1	DO	NOT WRITE
MITE			1	IN '	THIS SPACE
NAME STREET ADDRESS			1		
CITY-ST-ZIP			-[
TITLE NAME			}		
STREET ADDRESS CITY-ST-ZIP	e at ,	** · ·			
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name Street address					
City-SI-Zip	<u></u>	<u></u>	<u>L</u>		·
12. I hereby indicated	certify that the information supplied with this ion this report or supplemental report is true	s filing does not quality for the exe e and accurate and that my signa	emptions containe sture shall have the	ed in Chapter 11 same legal elle	 Florida Statutes. I further certify that the information of as if made under cath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 it
changed	or on an attachment with an address, with	all other like ampowered.	med by Creaties or	ze, Flutius Statut	es, and that my hame appears in BIDCK 10 or BIOCK 111
	16 -	- Maria			2/20/2001