

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P9600001718

1. Entity Name

A. J. WALLACE MANAGEMENT CONSULTANTS, INC.



**FILED  
May 08, 2006 8:00 am  
Secretary of State**

05-08-2006 90288 037 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business <u>931 SW 15TH STREET BOCA RATON FL 33486</u>		Mailing Address <u>931 SW 15TH STREET BOCA RATON FL 33486</u>	
2. Principal Place of Business <u>10660 Maple Chase Dr.</u>		3. Mailing Address <u>P.O. Box 880514</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Boca Raton FL</u>		City & State <u>Boca Raton FL</u>	
Zip <u>33498</u>	Country	Zip <u>33488</u>	Country <u>Palm Beach</u>
6. Name and Address of Current Registered Agent  <b>BENJAMIN, ROBERT 931 SW 15TH STREET BOCA RATON FL 33486</b>			
7. Name and Address of New Registered Agent  Name <u>Robert Benjamin</u> Street Address (P.O. Box Number is Not Acceptable) <u>10660 Maple Chase Dr.</u>			
City <u>Boca Raton FL</u> Zip Code <u>33498</u>			

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 Robert Benjamin

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

(NOTE: Registered Agent signature required when changing)

DATE 3/23/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BENJAMIN, ROBERT 931 SW 15TH STREET BOCA RATON FL 33486</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CAPITENA, VICKIE W 931 SW 15TH STREET BOCA RATON FL 33486</b>	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
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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 Section 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: Robert Benjamin **President** 3/23/06 561 479-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #