

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037604

Entity Name: THE CONSILIVM, INC.

FILED
Jan 13, 2007
Secretary of State

Current Principal Place of Business:

3030 E SEMORAN BLVD
SUITE 108
APOPKA, FL 327035909 US

New Principal Place of Business:

Current Mailing Address:

3030 E SEMORAN BLVD
SUITE 108
APOPKA, FL 327035909 US

New Mailing Address:

FEI Number: 59-3408131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDARA, MICHELE
362 CRISTAL RIDGE WAY
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANDARA, MICHELE
Address: 362 CRISTAL RIDGE WAY
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: BARBA, ROBERTO
Address: 269 Highbrooke Blvd.
City-St-Zip: OCOEE, FL 347614638

Title: S () Delete
Name: BARBA, PAQUALE
Address: 204 ALBRIGHTON COURT
City-St-Zip: LONGWOOD, FL 327792111

Title: T () Delete
Name: MANDARA, SALVATORE
Address: 8357 BAYWOOD VISTA DRIVE
City-St-Zip: ORLANDO, FL 328106626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANDARA, MICHELE
Address: 362 CRISTAL RIDGE WAY
City-St-Zip: LAKE MARY, FL 32746 US

Title: VP (X) Change () Addition
Name: BARBA, ROBERTO
Address: 269 Highbrooke Blvd.
City-St-Zip: OCOEE, FL 347614638 US

Title: S (X) Change () Addition
Name: BARBA, PAQUALE
Address: 566 ZACHARY DR
City-St-Zip: APOPKA, FL 327122383 US

Title: T (X) Change () Addition
Name: MANDARA, SALVATORE
Address: 8357 BAYWOOD VISTA DRIVE
City-St-Zip: ORLANDO, FL 328106626 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO BARBA

VP

01/13/2007

Electronic Signature of Signing Officer or Director

Date