2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P96000071727** 1. Entity Name M.N. CONSULTING, INC. Principal Place of Business Mailing Address DALSIMER OF BOCA RATON 1250 W. NEWPORT CENTER DR 2151 ALTERNATE A1A S. SUITE 700 JUPITER, FL 33477 DEERFIELD BEACH, FL 33442 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEì Number 65-0712784 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent NEBENZAHL, MICHAEL DO NOT WRITE 122 OLYMPUS CIRCLE JUPITER, FL 33477 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 3336.F NEBENZAHL, MICHAEL NAME 122 OLYMPUS CIRCLE STREET ADDRESS JUPITER, FL 33477 CITY-ST-ZIP SITLE UU00000000877 NAME 01/09/04-80017-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate 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 all address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL NEBENZAHL 1/5/04 954.418.0608

FILED

Jan 08, 2004 08:00 AM

Daytime Phone #