## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 30, 2008 08:00 AN Secretary of State **DOCUMENT # P96000090964** DATABANQUE CONSULTING, INC. Mailing Address Principal Place of Business 4304 DUNMORE DRIVE 4304 DUNMORE DRIVE WINTER HAVEN, FL 33884 US WINTER HAVEN, FL 33884 05212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MITCHELL, BRENDA 4304 DUNMORE DRIVE WINTER HAVEN, FL 33884 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Added to Fees Due by September 12, 2008 Trust Fund Contribution. U000000952726 <del>06/04/08-80093-003 550.00</del> OFFICERS AND DIRECTORS 10. TITLE MITCHELL, BRENDA NAME 4304 DUNMORE DRIVE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE NAME 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

E. Mitchell

NAME STREET ADDRESS CITY-ST-7IP

863-969-4640

**FILED**