## **2007 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P96000102677

**FILED** Mar 23, 2007 8:00 am Secretary of State 03-23-2007 90028 011 \*\*\*150.00

Zip Country Zip Country Sip S. Certificate of Status Desired S. S. Certificate of Status Desired See Required  6. Name and Address of Current Registered Agent:  6. Name and Address of Current Registered Agent:  7. Name and Address of New Registered Agent  8. Name  BEDWELL, MAX 64/26 ELMWOOD AVE SARASOTA, FL 34/231  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 a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement May 1, 2007 Fee will be \$550.00  8. Name and Address of New Registered Agent  9. Name  9. Name and Address of New Registered Agent  9. Name  9. Name and Address of New Registered Agent  9. Name  9. Na	1. Entity Nam M.E.B. Co	e DNSULTANTS, INC.								
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired SA75 Additional Fee Registered Agent  Name  BEDWELL, MAX 6426 ELMWOOD AVE SARASOTA, FL 34231  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Co	6426 ELMWOOD AVE		6426 ELMWOOD AVE							
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip Country Zip Country Sip S. Certificate of Status Desired S. S. Certificate of Status Desired See Required  6. Name and Address of Current Registered Agent:  6. Name and Address of Current Registered Agent:  7. Name and Address of New Registered Agent  8. Name  BEDWELL, MAX 64/26 ELMWOOD AVE SARASOTA, FL 34/231  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 a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement May 1, 2007 Fee will be \$550.00  8. Name and Address of New Registered Agent  9. Name  9. Name and Address of New Registered Agent  9. Name  9. Name and Address of New Registered Agent  9. Name  9. Na	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052007	Chg-P	CR2E	)34 (12/06)		
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BEDWELL, MAX 6426 ELMWOOD AVE SARASOTA, FL 34231  6. 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 a the obligations of registered agent.   6. 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 a the obligations of registered agent.   6. 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 a state of Flori	Žip	Country	Zip Country		У	5. Certificate of	f Status Desired			
BEDWELL, MAX 84281  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip		6. Name and Address of Current	t Registered Agent			7. Name and /	Address of New Fl	egister <del>e</del> d	Agent -	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.   ### Signature, typed or profited name of registered agent and wire of applicable.  ### PILE NOW!!! FEE IS \$150.00  ### After May 1, 2007 Fee will be \$550.00  ### OFFICERS AND DIRECTORS  ### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ### ITILE  ### DEDWELL, MAX E  ### BEDWELL, MAX E  ### BEDWELL MAX E	6426 ELM	WOOD AVE		-		(P.O. Box Number	is Not Acceptable	)		
87 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.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, in the State of Florida.   am familiar with, and a the obligations of registered agent, or both, and a sequence of the obligations of registered agent, or both, and a sequence of the obligations of registered agent, or both, and a sequence of the obligations of registered agent and with application.    Signature, typed or printed vene required agent and when recistancy   applications of the obligations o	<b>.</b>	*3		-	City				Zip Cod	e
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of the corporation of the receiver or trustee empowered to execute this repyr as 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.