


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State


DOCUMENT # P97000042600
1. Entity Name
FRALINS CONSULTING CORPORATION INC.



Principal Place of Business
4309 NIZZA COURT
VENICE, FL 34293 US

Mailing Address
4309 NIZZA COURT
VENICE, FL 34293 US

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0762887

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FRALIN, WILLIAM
4309 NIZZA COURT
VENICE, FL 34293

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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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

U00000600790
01/26/07-80025-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRALIN, WILLIAM A P
STREET ADDRESS	4309 NIZZA COURT
CITY-ST-ZIP	VENICE, FL 34293
TITLE	VP
NAME	FRALIN, JOANNE E VP
STREET ADDRESS	4309 NIZZA COURT
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: William A. Fralin 1/19/07 941-650-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #