## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 08, 2007 08:00 AM DOCUMENT # P97000052585 **Secretary of State** 1. Entity Name TR CONSULTING, INC. Principal Place of Business Mailing Address 139 BAL BAY DR 139 BAL BAY DRIVE BAL HARBOUR, FL 33154 BAL HARBOUR, FL 33154 CR2E034 (11/05) 01032007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 65-0773788 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RISO, ANTHONY DO NOT WRITE 139 BAL BAY DRIVE BAL HARBOUR, FL 33154 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RISO, ANTHONY NAME 139 BAL BAY DR STREET ADDRESS U00000577827 01/09/07-80005-002 150.00 CITY-ST-ZIP BAL HARBOUR, FL 33154 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.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-0)

Daytime Phone #

**FILED**