2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

Daytime Phone #

ANNOAL KEI OKI					Secretary of State		
DOCUMENT # P97000102972 1. Entity Name A & L CONSULTING OF CHICAGO, INC.					560	cretary of Stati	
Principal Plac 9740 W BRO 3BAY HARBOR	e of Business NADVIEW DRIVE RISLANDS, FL 33154	Mailing Address 9740 W BROADVIEW DRIVE BAY HARBOR ISLANDS, FL 33	154	- Paranta			
				1 145/1551	- form (), Mail: 94(1)		
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numb 65-080 5. Certificate		CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	1		· · · · · · · · · · · · · · · · · · ·		
RISOLIA, ANNELIESE 9740 W BROADVIEW DRIVE BAY HARBOR ISLANDS, FL 33154			DO NOT WRITE 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 Registere	ed Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISOLIA, ANNELIESE 9740 W BROADVIEW DRIVE BAY HARBOR ISLANDS, FL 3315	4					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					110000 01/19/05	0182646 -80037-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing 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 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 any address, with all other like empowered.

SIGNATURE: