

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-04-2007 90079 021 ****50.00
06-05-2007 90013 024 ***100.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000012662			
1. Entity Name ASHLEY BARRETT CONSULTING, INC.			
Principal Place of Business 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487		Mailing Address 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box # 1801 Clint Moore Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487		3. Mailing Address 1801 Clint Moore Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487	
04102007 Chg-P CR2E034 (12/06)		4. FEI Number 65-0812068	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WALLACK, MICHAEL M ESQ. SARASOTA CITY CENTER STE 1100 1819 MAIN ST SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLOOM, ASHLEY B 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Bloom, ASHLEY B 1801 Clint Moore Rd # 217 Boca Raton FL-33487 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/11/07 (561) 912-0029 Date Daytime Phone #	