APPROVED
AND
FILED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000022664

1. Entity Name
MENMOR CONSULTANTS, INC.

06 APR 24 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10849 NW 23 COURT SUNRISE, FL 33322-2503	10849 NW 23 COURT SUNRISE, FL 33322-2503

04122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0828165

☐ Applied For
☐ No. Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, JAMES E
10849 NW 23 COURT
SUNRISE, FL 33322-2503

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MORRIS, DORA M
STREET ADDRESS	10849 NW 23 COURT
CITY-ST-ZIP	SUNRISE, FL 333222503
TITLE	VSD
NAME	MORRIS, JAMES E
STREET ADDRESS	10849 NW 23 COURT
CITY-ST-ZIP	SUNRISE, FL 333222503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100073771521
05/03/06--01001--024 **150.00

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