


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P98000051202 |  |
| 1. Entity Name LIVINGSTON CONSULTING SERVICES, INC. | |

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| Principal Place of Business 9 SW 13TH STREET STE 1 FORT LAUDERDALE, FL 33315 US | Mailing Address 9 SW 13TH STREET STE 1 FORT LAUDERDALE, FL 33315 US |
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DO NOT WRITE IN THIS SPACE

08012006 No Chg-P CR2E034 (11/05)

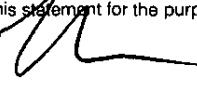
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|--|-------------------------------|
| 4. FEI Number 65-0847043 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ANDREWS, TOM
9 SW 13TH STREET
STE 2
FORT LAUDERDALE, FL 33315

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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 reinstalling)

7/31/06 000000576173 65-0847043-001 150.00

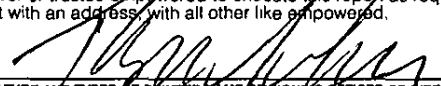
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|---|--|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LIVINGSTON, JAMES 9 SW 13TH STREET FORT LAUDERDALE, FL 33315 |
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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:  7/31/06

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