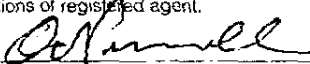


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                        |                                                                                    |                                                                                                                                                 |  |
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| <b>DOCUMENT # P98000062707</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                        |                                                                                    |                                                               |  |
| 1. Entity Name<br><b>JAMES D. PAPPAS, INC. CONSULTING SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                        |                                                                                    |                                                                                                                                                 |  |
| Principal Place of Business<br><b>200 OCEAN LANE DRIVE, APT. 904<br/>KEY BISCAVNE FL 33149</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                        | Mailing Address<br><b>200 OCEAN LANE DRIVE, APT. 904<br/>KEY BISCAVNE FL 33149</b> |                                                                                                                                                 |  |
| 2. Principal Place of Business<br><b>200 OCEAN LANE DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |                        | 3. Mailing Address<br><b>SAME AS 2</b>                                             |                                                                                                                                                 |  |
| Suite, Apt. #, etc.<br><b>904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                        | Suite, Apt. #, etc.<br><b>SAME AS 2</b>                                            |                                                                                                                                                 |  |
| City & State<br><b>KEY BISCAVNE FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                        | City & State<br><b>SAME</b>                                                        |                                                                                                                                                 |  |
| Zip<br><b>33149</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | Country<br><b>DADE</b> |                                                                                    | 4. FEI Number<br><b>65-0852381</b>                                                                                                              |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                        |                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><br><b>POWELL, ARNOLD<br/>8525 NW 53 TERR #105<br/>MIAMI FL 33166</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                        |                                                                                    | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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.<br><br>SIGNATURE <br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE |                                                                                                          |                        |                                                                                    |                                                                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                        |                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May 1 Added to Fees</b>                            |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                              |                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>PAPPAS, JAMES D<br>200 OCEAN LANE DR. #904<br>KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete |                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | 000000444349<br>03/06/06-80048-019 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Add                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                          |                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                          |                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                          |                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                          |                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                          |                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                    |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James D. Pappas, Director 02/17/06 305-365-3961