2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074647

TALLAHASSEE, FL 323178609

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

Entity Name: PHOENIX CONSULTING, INC. **Current Principal Place of Business: New Principal Place of Business:** 1201 HAYS ST. SUITE 100 TALLAHASSEE, FL 32301 **New Mailing Address: Current Mailing Address:** 1201 HAYS ST. SUITE 100 TALLAHASSEE, FL 32301 FEI Number: 59-3529161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDWARDS, TERESA A 10505 VALENTINE ROAD SOUTH TALLAHASSEE, FL 323178609 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVTS** () Delete Title: (X) Change () Addition EDWARDS, TERESA A EDWARDS, TERESA A MS Name: Name: 10505 VALENTINE ROAD SOUTH 10505 VALENTINE ROAD SOUTH Address: Address: City-St-Zip: TALLAHASSEE, FL 323178609 City-St-Zip: TALLAHASSEE, FL 323178609 Title: DCM () Delete Title: (X) Change () Addition Name: EDWARDS, TERESA A Name: EDWARDS, TERESA A MS 10505 VALENTINE ROAD SOUTH 10505 VALENTINE ROAD SOUTH Address: Address:

Title: () Delete Title: V () Change (X) Addition Name: POWELL-POOLE, RAMONA MS Address: Address: 3023 POWELL ROAD City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TERESA EDWARDS PTS 04/29/2005

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