2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000081733

Entity Name: JEANNE HOLTON CARUFEL CONSULTING, INC.

FILED May 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16318 MCGLAUERY RD 16318 MCGLAMERY RD

#5 #5 ODESSA, FL 33556 ODESSA, FL 33556

New Mailing Address: Current Mailing Address:

P.O. BOX 1021 P.O. BOX 1021

ODESSA, FL 33556 ODESSA, FL 33556 US

FEI Number: 59-3541837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARUFEL, JEANNE HOLTON PRES. CARUFEL, JEANNE HOLTON PRES. 16318 MCGLAUERY RD 16318 MCGLAMERY RD

ODESSA, FL 33556 ODESSA, FL 33556

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: JEANNE HOLTON CARUFEL 05/08/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CARUFEL, JEANNE HOLTON CARUFEL, JEANNE HOLTON Name: Name: 16318 MCGLAUERY RD 16318 MCGLAMERY RD Address: Address: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556 City-St-Zip:

() Delete Title: VΡ Title: VΡ (X) Change () Addition

CARUFEL, MARK S Name: CARUFEL, MARK S Name: 16318 MCGLAUERY RD Address: 16318 MCGLAMERY RD Address: ODESSA, FL 33556 ODESSA, FL 33556 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: JEANNE HOLTON CARUFEL **PRES** 05/08/2006