2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2006
Secretary of State

DOCUMENT# P99000018914

Entity Name: WES CONSULTING, INC.

Current Principal Place of Business:

492 HARBOR DR N
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

492 HARBOR DR N
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

3310 STAGECOACH TRAIL
WIMAUMA, FL 33598 US

FEI Number: 59-3581576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SNELL, BETTE
1150 8TH AVE. NORTH
817
LARGO, FL 33770 US

Name and Address of New Registered Agent:

BARBER, SANFORD H
3310 STAGECOACH TRAIL
WIMAUMA, FL 33598 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: SANFORD H. BARBER 08/12/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SNELL, WILLIAM E JR.
Address: 492 HARBOR DR N
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: STD ( ) Delete
Name: SNELL, ALLISON B
Address: 492 HARBOR DR N
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SNELL, WILLIAM E JR.
Address: 492 HARBOR DR N
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: TRD (X) Change ( ) Addition
Name: SNELL, ALLISON B
Address: 492 HARBOR DR N
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: PD ( ) Change (X) Addition
Name: BARBER, SANFORD H
Address: 3310 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598 US

Title: STD ( ) Change (X) Addition
Name: BARBER, CAROL B
Address: 3310 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598 US

Title: D ( ) Change (X) Addition
Name: BURRESS, THOMAS E
Address: 18805 BROOKER CREEK DRIVE
City-St-Zip: ODESSA, FL 33556 US

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: SANFORD H. BARBER PRES 08/12/2006
Electronic Signature of Signing Officer or Director Date