

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037910

FILED
Mar 03, 2005
Secretary of State

Entity Name: ARNONE CONSULTING, INC.

Current Principal Place of Business:

P.O. BOX 2680
LAKE PLACID, FL 33862

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2680
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 65-0920133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNONE, GREGORY L
139 LOQUAT ROAD, NE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: ARONE, GREGORY L
Address: P.O. BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: D () Delete
Name: ARONE, PAMELA S
Address: P.O. BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: ARNONE, GREGORY L
Address: P.O. BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DVT (X) Change () Addition
Name: ARNONE, PAMELA S
Address: P.O. BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

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.

SIGNATURE: GREGORY L. ARNONE

P

03/03/2005

Electronic Signature of Signing Officer or Director

_____ Date