

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90016 024 ***150.00

DOCUMENT # P99000054805 1. Entity Name LNH CONSULTING, INC.			
Principal Place of Business 4705 BERKSHIRE RD. MARIANNA, FL 32446		Mailing Address 4705 BERKSHIRE RD. MARIANNA, FL 32446	
2. Principal Place of Business - No P.O. Box # 3062 Rolling Hills Lane Suite, Apt. #, etc. Marianna FL City & State 32446		3. Mailing Address 3062 Rolling Hills Lane Suite, Apt. #, etc. Marianna FL City & State 32446	
Zip 32446		Country 	
4. FEI Number 59-3578527		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01072007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HAMILTON, JOHN M 4705 BERKSHIRE RD MARIANNA, FL 32446		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 3062 Rolling Hills Lane City Marianna FL Zip Code 32446	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, LISA N 4705 BERKSHIRE ROAD MARIANNA, FL 32446	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMILTON, JOHN M 4705 BERKSHIRE ROAD MARIANNA, FL 32446	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Lisa N Hamilton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>1/8/06</i></u> Daytime Phone # <u><i>850 482 5842</i></u>	