2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

	ANNUAL REPORT								Secretary of State				
DOCUMENT # P9900063644 1. Entity Name T. ELLIOTT CONSULTING, INC.								01-22-2008 90049 007 ***150.00					
Principal Place of Business				Mailing Address									
6481 TAEDA DRIVE Sarasota, Fl. 34241				6481 TAEDA DRIVE Sarasota, fl 34241									
												11.11.11.51	
2. Principal Place of Business - No P.O. Box # 4538 McAshton St				3. Mailing Address 4538 Mc Ashton St			4						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			<u>۷ _</u>	01052008	Chg-P	CR2E03	4 (12/06)		
City& State				City & State			4. FEI Number 65-09371					plied For t Applicable	
Zip	<u> </u>	Country	Zip		Coun	SA			of Status Desired		8.75 Add	itional	
34233 USA 6. Name and Address of Current Re				None and the second sec			7. Name and Address of New Regis				Fee Required		
			110gistere	·		Namo		- 140110 0110	- Address of New		jenic		
ELLIOTT, TOM 6481 TAEDA DRIVE SARASOTA, FL 34241						Street Add	dress (P.O. Box Numb	er is Not Acceptab	ele)			
	•	;											
						City				FL	Zip Code	2	
	named entify ions of regist	y submits this statement for ered agent.	or the purp	ose of changing its	register	ed office or r	egister	ed agent, or bo	th, in the State of F	lorida. I am fa	miliar with,	and accept	
SIGNATURE.	Supporture hyperi	or printed name of registered agent	and little if and	Nicable (NOT)	- Bunneton	r Angel segnatura	s com word	when reinstating)		DATE			
	Signature, types	or primate that to register ou agent	E-0 11.0 1. apr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	registere	o rigoni agricio e	r required	Prometta and		D-116.	· · · ·		
		FEE IS \$150.00 8 Fee will be \$550.		 Election Campa Trust Fund Cont 				.00 May Be ed to Fees					
10.	OFFICERS AND			PRS	11.			ADDITIONS	CHANGES TO OF	FICERS AND (DIRECTORS	SIN 11	
TITLE NAME	D	www. D01010				E IE				!	Change	Addition	
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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 appears, with all other like empowered.

SIGNATURE:

AND THREE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/08

941-921-5890

Daytime Phone #