

APPROVED  
AND  
FILED


06 MAY 23 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # P99000067357

1. Entity Name  
VICTORIA CONSULTING CORPORATION OF FT MYERS  
BEACH, INC.




Principal Place of Business  
403 JOAN AVE.  
STE. D  
LEHIGH ACRES, FL 33971

Mailing Address  
403 JOAN AVE.  
STE. D  
LEHIGH ACRES, FL 33971

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



05022006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0946950

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOUT, J. NATHAN CPA  
403 JOAN AVE.  
STE. D  
LEHIGH ACRES, FL 33971

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HELMUT, PERAUS 1140 LEE BLVD SUITE 101 LEHIGH ACRES, FL 33970	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOISON, PETRA HUNJET 1140 LEE BLVD SUITE 101 LEHIGH ACRES, FL 33970	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERAUS, ANGELINA 1140 LEE BLVD STE 101 LEHIGH ACRES, FL 33970	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Peraus, Helmut 403 Joan Ave Ste D Lehigh Acres FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000075580590 06/01/06--01007--007 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Helmut Peraus HELMUT PERAUS 05/12/06 +43 (1) 2605672-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

d/2600