


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000075983</b> 1. Entity Name EPIM CONSULTING, INC.	
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Principal Place of Business 500 N. MAITLAND AVE.,STE.215 MAITLAND, FL 32751	Mailing Address 500 N. MAITLAND AVE.,STE.215 MAITLAND, FL 32751
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03212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3595364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GUIDA, FRANK J CPA 500 N. MAITLAND AVE.,STE. 215 MAITLAND, FL 32751
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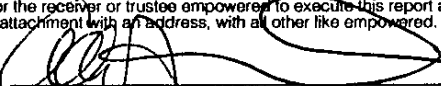
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDT FRENCH, A.E.L. 1622 STONEYWOOD WAY APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GUIDA, FRANK P.O. BOX 941708 MAITLAND, FL 327941708
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FRENCH, DEBORAH S 1622 STONEYWOOD WAY APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>U00000686448 04/09/07-80046-005 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 address, with all other like empowered.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/21/07</b> <small>Date</small>	<b>407-592-4165</b> <small>Daytime Phone #</small>
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