


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**


04-22-2004 90036 045 \*\*\*150.00

<b>DOCUMENT # P99000078985</b>	
<b>1. Entity Name</b> SUMMIT CONSULTANTS, INC.	

<b>Principal Place of Business</b> 7000 PINE FOREST ROAD F PENSACOLA FL 32526	<b>Mailing Address</b> 7000 PINE FOREST ROAD F PENSACOLA FL 32526
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<b>2. Principal Place of Business</b> 2302 Brookwood Pl. Suite, Apt. #, etc.	<b>3. Mailing Address</b> PO Box 459 Suite, Apt. #, etc.
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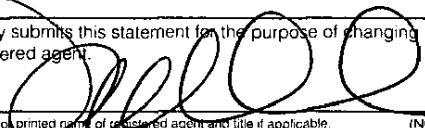
<b>City &amp; State</b> Cantonment, FL	<b>City &amp; State</b> Gonzalez FL
<b>Zip</b> 32533	<b>Country</b> USA
<b>Zip</b> 32560	<b>Country</b> USA

	
<b>4. FEI Number</b> 59-3595892	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  DIGIROLAMO, MARIA 1000 PINE FOREST ROAD SUITE F PENSACOLA FL 32526
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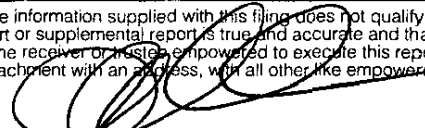
<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b> Maria DiGirolamo	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2302 Brookwood Pl.	
<b>City</b> Cantonment FL	<b>Zip Code</b> 32533

<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 2-18-04

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> DIGIROLAMO, MARIA 7000 PINE FOREST ROAD, SUITE F PENSACOLA FL 32526 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Maria DiGirolamo pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2302 Brookwood Pl. Cantonment FL 32533
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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>	
<b>SIGNATURE:</b> 	<b>2-18-04 850 2924531</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b> Daytime Phone #