2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM Secretary of State

850-932-7613

Daytime Phone #

DOCUMENT # P99000104981 1. Entity Name BLOOMBERG CONSULTING, INC.				Secretary of State			
105 BAYBRI	e of Business DGE LANE E, FL 32561	Mailing Address PO BOX 336 GULF BREEZE, FL 32562	<u>-</u>				
E	OO NOT WRITE	CE	01112006 4. FEI Numb 59-359	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required		
PO BOX 3	6. Name and Address of Current R ERG, CHRISTOPHER 36 EEZE, FL 32562	DO NOT WRITE IN THIS SPACE					
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 Signature typed or printed name of registered agent and title if applicable [NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
10. IITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMBERG, CHRISTOPHER PO BOX 336 GULF BREEZE, FL 32562	RECTORS			01/19/08 01/19/08	0387523 -80042-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP					NOT W		
TITLE NAME SIREET ADDRESS CITY-SY-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP 12. 1 hereby	pertify that the information supplied with the	is filing does not qualify for the ex	emptions contained	i in Chapter 118	9, Florida Statutes. I	further certify that the information	
indicated of the cor changed,	pertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment without address, without address, without the content of the con	ue and accurate and that my signa ared to execute this report as requi n all other like empowered.	lure shall have the red by Chapter 607	same legal elfed , Florida Statute	ot as if made under ones, and that my name	path; that I am an officer or director e appears in Block 10 or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: