

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                 |                                                                                        |                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S60751</b><br>1. Entity Name<br><b>SARASOTA CONSULTING SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                 |                                                                                        |                                                                                                                       |  |
| Principal Place of Business<br><b>2730 POLO ISLAND DRIVE<br/>A 101<br/>WELLINGTON, FL 33414 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                 | Mailing Address<br><b>2730 POLO ISLAND DRIVE<br/>A 101<br/>WELLINGTON, FL 33414 US</b> |                                                                                                                       |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                 | 3. Mailing Address                                                                     |                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                 | Suite, Apt. #, etc.                                                                    |                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                 | City & State                                                                           |                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  | Country                         |                                                                                        | Zip                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | Country                         |                                                                                        | 4. FEI Number<br><b>65-0285209</b>                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                 |                                                                                        | <b>\$8.75 Additional Fee Required</b>                                                                                 |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROSENBAUM, ARTHUR<br/>2730 POLO ISLAND DRIVE<br/>A 101<br/>WELLINGTON, FL 33414</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                 |                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                 |                                                                                        | FL Zip Code                                                                                                           |  |
| SIGNATURE <i>Arthur Rosenbaum</i><br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                 |                                                                                        | DATE <i>4-08-06</i><br><small>(NOTE: Registered Agent signature required when renewing)</small>                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 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>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                 |                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>ROSENBAUM, ARTHUR<br>2730 POLO ISLAND DRIVE, A 101<br>WELLINGTON, FL 33414 | <input type="checkbox"/> Delete |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Delete |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Delete |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Delete |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Delete |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Delete |                                                                                        | <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: <i>Arthur Rosenbaum</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                 |                                                                                        | DATE <i>4-08-06</i>                                                                                                   |  |