


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # S80859 1. Entity Name HALE CONSULTING SERVICES, INC.	
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Principal Place of Business 11856 GRAN CRIQUE CT S JACKSONVILLE, FL 32223 US	Mailing Address 11856 GRAN CRIQUE CT S JACKSONVILLE, FL 32223 US
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05292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0295000	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

ENTIN, RICHARD C.
8411 W. OAKLAND PARK BLVD.
SUITE 202
SUNRISE, FL 33351

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	D HALE, CURTIS B. 11856 GRAN CRIQUE CT S JACKSONVILLE, FL 32223
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07/10/07-80018-014 550.00

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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.

SIGNATURE: *Curtis B. Hale* 7/6/07 914-887-5701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #