2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 19, 2007 08:00 All Secretary of State DOCUMENT #V35690 1. Entity Name H & W CONSULTING, INC. Principal Place of Business Mailing Address 3110 OCEAN SHORE BLVD. 3110 OCEAN SHORE BLVD. # 311 ORMOND BY THE SEA, FL 32176 ORMOND BY THE SEA, FL 32176 CR2E034 (11/05) 04102007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3121645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCGINITY III, HENRY A. DO NOT WRITE 3110 OCEAN SHORE BLVD. #311 IN THIS SPACE ORMOND BY THE SEA, FL 32176 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MCGINITY, HENRY A., III STREET ADDRESS 3110 OCEAN SHORE BLVD. CITY-ST-ZIP ORMOND BY THE SEA, FL 000000716942 04/30/07-80028-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 fike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP