


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90154 008 ***150.00

DOCUMENT # P01000095174

1. Entity Name
CINEMA CONSULTING SERVICES, INC.



Principal Place of Business Mailing Address
23 SEA LORE LANE **23 SEA LORE LANE**
KEY WEST, FL 33040 **KEY WEST, FL 33040**

20030043



2. Principal Place of Business 3. Mailing Address
210 Broadway **210 Broadway**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 203 **Suite 203**

03292005 Chg-P CR2E034 (10/03)

City & State City & State
Lynnfield MA **Lynnfield MA**

4. FEI Number Applied For
58-2661549 Not Applicable

Zip Country Zip Country
01940 **USA** **01940** **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CROWLEY, JOHN J JR
23 SEA LORE LANE
KEY WEST, FL 33040

7. Name and Address of New Registered Agent
 Name
Crowley, John J Jr
 Street Address (P.O. Box Number is Not Acceptable)
300 South Pointe Drive
Apt 2502
 City State Zip Code
Miami Beach **FL** **33139**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing - Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWLEY, JOHN J 23 SEA LORE LANE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Crowley, John J JR 300 South Pointe Drive Apt 2502 Miami Beach FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLYNN, DANIEL J 28 HIGH RIDGE RD BOXFORD, MA 01921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami Beach FL 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENGER, PAUL 11836 GONTRUM RD KINGSVILLE, MD 21087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *John Crowley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____