2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104743

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25541 STATE RD 46, SUITE 2

MOUNT PLYMOUTH, FL 32776

BIRON, LOUIS R

Title:

Name:

Address:

City-St-Zip:

FILED Jan 24, 2005 Secretary of State

Entity Name: BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 25541 STATE RD 46, SUITE 2 25541 STATE RD 46 MOUNT PLYMOUTH, FL 32776 SUITE 2 MOUNT PLYMOUTH, FL 32776 **Current Mailing Address: New Mailing Address:** 25541 STATE RD 46, SUITE 2 25541 STATE RD 46 MOUNT PLYMOUTH, FL 32776 SUITE 2 MOUNT PLYMOUTH, FL 32776 FEI Number: 32-0034891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BIRON, LOUIS R BIRON, LOUIS R 25541 STATE RD 46, SUITE 2 25541 STATE RD 46 MOUNT PLYMOUTH, FL 32776 SUITE 2 US MOUNT PLYMOUTH, FL 32776 US 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. SIGNATURE: LOUIS R. BIRON 01/24/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPVS () Delete Title: () Change () Addition BIRON, LOUIS R Name: Name: 25541 STATE RD 46, SUITE 2 Address: Address: City-St-Zip: MOUNT PLYMOUTH, FL 32776 City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS R. BIRON DPVS 01/24/2005

() Change () Addition