

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004235

FILED
Apr 15, 2005
Secretary of State

Entity Name: NSI CONSULTING AND DEVELOPMENT, INC.

Current Principal Place of Business:

26657 WOODWARD AVE., STE 100
HUNTINGTON WOODS, MI 48070

New Principal Place of Business:

Current Mailing Address:

5215 S WESTSHORE BLVD
#29
TAMPA, FL 33611

New Mailing Address:

FEI Number: 38-2813374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTON, WILLIAM
5215 S WESTSHORE BLVD
#29
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: O'NEILL, PATRICK J
Address: 26657 WOODWARD AVE., STE 100
City-St-Zip: HUNTINGTON WOODS, MI

Title: V () Delete
Name: CLUGSTON, CASEY
Address: 26657 WOODWARD AVE STE 100
City-St-Zip: HUNTINGTON WOODS, MI 48070

Title: V () Delete
Name: DAVIS, DAVID
Address: 26657 WOODWARD AVE., STE 100
City-St-Zip: HUNTINGTON WOODS, MI 48070

Title: V () Delete
Name: CALLAGHAN, BRIAN
Address: 26657 WOODWARD AVE STE 100
City-St-Zip: HUNTINGTON WOODS, MI 48070

Title: V () Delete
Name: MOORE, GREG
Address: 26657 WOODWARD AVE
City-St-Zip: HUNTINGTON WOODS, MI 48070

Title: V () Delete
Name: FOUTS, HEATHER
Address: 26657 WOODWARD AVE STE 100
City-St-Zip: HUNTINGTON WOODS, MI 48070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: PATRICK J. O'NEILL

PTSD

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date