2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# F02000003664

Entity Name: BRUCE CONSULTING INC.

Current Principal Place of Business:

10234 SLEEP BROOK WAY
BOCA RATON, FL 33428

New Principal Place of Business:

10234 SLEEPY BROOK WAY
BOCA RATON, FL 33428

Current Mailing Address:

10234 SLEEP BROOK WAY
BOCA RATON, FL 33428

New Mailing Address:

10234 SLEEPY BROOK WAY
BOCA RATON, FL 33428

FEI Number: 03-0465454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE, WILKER SHANE
10234 SLEEP BROOK WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

BRUCE, WILKER SHANE
10234 SLEEPY BROOK WAY
BOCA RATON, FL 33428 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: WILKER SHANE BRUCE 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPST ( ) Delete
Name: BRUCE, WILKER SHANE
Address: 10234 SLEEP BROOK WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VCVP ( ) Delete
Name: BRUCE, MARTHA VIRGINI
Address: 10234 SLEEP BROOK WAY
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change ( ) Addition
Name: BRUCE, WILKER SHANE
Address: 10234 SLEEPY BROOK WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VCVP (X) Change ( ) Addition
Name: BRUCE, MARTHA VIRGINI
Address: 10234 SLEEPY BROOK WAY
City-St-Zip: BOCA RATON, FL 33428

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: WILKER SHANE BRUCE PRES 04/28/2005
Electronic Signature of Signing Officer or Director Date