

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004350

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: MINDTRUST CONSULTING SERVICES, INC.

## Current Principal Place of Business:

1273 BOUND BROOK ROAD  
SUITE 14  
MIDDLESEX, NJ 08846

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 26  
MIDDLESEX, NJ 08846

## New Mailing Address:

FEI Number: 22-3761503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEUMANN, ANN S  
5601 HAMMOCK ISLES DRIVE  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

NEUMANN, ANN S  
503 TERRACINA WAY  
NAPLES, FL 34119 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:

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CDST ( ) Delete  
Name: NEUMANN, NICK J  
Address: 1273 BOUND BROOK RD., STE. 14  
City-St-Zip: MIDDLESEX, NJ 08846

Title: DP ( ) Delete  
Name: BYRNES, JOSEPH  
Address: 1273 BOUND BROOK ROAD, STE. 14  
City-St-Zip: MIDDLESEX, NJ 08846

Title: VP ( ) Delete  
Name: SCALZO, JENNIFER  
Address: 1273 BOUND BROOK ROAD, STE. 14  
City-St-Zip: MIDDLESEX, NJ 08846

Title: D ( ) Delete  
Name: CHADWICK, DONALD S  
Address: 1273 BOUND BROOK ROAD, STE. 14  
City-St-Zip: MIDDLESEX, NJ 08846

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH BYRNES

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date