

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G37064

FILED
Apr 07, 2007
Secretary of State

Entity Name: EXPLOSIVE CONSULTANTS, INC.

Current Principal Place of Business:

7820 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

7820 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-2443646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULLIAN, LOUIS
7820 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: PD () Delete
Name: ULLIAN, LOUIS,
Address: 7820 SOUTH TROPICAL TR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: ULLIAN, HELEN,
Address: 7820 S. TROPICAL TR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: ULLIAN, MICHALE,
Address: 232 RIVER WALK DRIVE
City-St-Zip: MELBOURNE, FL 32954

Title: S () Delete
Name: MILNER, LINDA A.,
Address: 6 CENTURY CIRCLE
City-St-Zip: KNOXVILLE, TN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ULLIAN, HELEN,
Address: 7820 S. TROPICAL TR.
City-St-Zip: MERRITT ISLAND, FL 32952 UA

Title: T (X) Change () Addition
Name: ULLIAN, MICHALE,
Address: 232 RIVER WALK DRIVE
City-St-Zip: MELBOURNE, FL 32954 S

Title: S (X) Change () Addition
Name: MILNER, LINDA A.,
Address: 6 CENTURY CIRCLE
City-St-Zip: KNOXVILLE, TN 37919 SA

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: LPUIS UL,LIAN

PD

04/07/2007

Electronic Signature of Signing Officer or Director

_____ Date