

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M51826

Entity Name: CONSULT-US, INC.

FILED
Apr 17, 2005
Secretary of State

Current Principal Place of Business:

2498 DATE PALM RD
BOCA RATON, FL 334327922 US

New Principal Place of Business:

Current Mailing Address:

2498 DATE PALM RD
BOCA RATON, FL 334327922 US

New Mailing Address:

FEI Number: 59-2821296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEIJER, JAN
2498 DATE PALM RD
BOCA RATON, FL 334327922 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: MEIJER, JAN
Address: 21717 HAMMOCK POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: SD () Delete
Name: MEIJER-LACARRERE, MARGA
Address: 21717 HAMMOCK POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: TD () Delete
Name: MEIJER, HENRIK
Address: SKEPPARGAIAN 25 A
City-St-Zip: STOCKHOLM SWODON, 11452

Title: VD () Delete
Name: MEIJER, CARL
Address: SKEPPARGATAN 25 A
City-St-Zip: STOCKHOLM SWODON, 11452

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 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: JAN MEIJER

PD

04/17/2005

Electronic Signature of Signing Officer or Director

_____ Date