
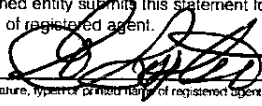
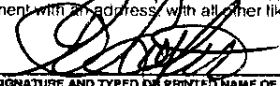


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90259 045 ***150.00

DOCUMENT # M98869 1. Entity Name GREAT LAKES CONSULTING INCORPORATED					
Principal Place of Business 10277 NW 53 STREET SUNRISE, FL 33351			Mailing Address P.O BOX 25308 TAMARAC, FL 33320		
2. Principal Place of Business 4700 HIATLUS ROAD # 251		3. Mailing Address 7600 NE 137 PLACE			
City & State SUNRISE, FL		City & State CITRA, FL			
Zip 33351		Country USA		Zip 32113	
Country USA		Country USA			
6. Name and Address of Current Registered Agent FOSTER, GREGORY W. 10277 NW 53 STREET SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name FOSTER, GREGORY W. Street Address (P.O. Box Number is Not Acceptable) 7600 NE 137 PLACE City CITRA FL Zip Code 32113		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  GREGORY W FOSTER DATE: 4/8/04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FOSTER, GREGORY W. 7505 NE 137 PLACE CITRA, FL 32113		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FOSTER, GREGORY W. 7600 NE 137 PLACE CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBUCK, JOSEPH C. 311 SE 1 TERR PANPAND BKA, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  GREGORY W FOSTER DATE: 4/8/04 DAYTIME PHONE #: 954-742-8383 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					