

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90057 044 ***158.75

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02132007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000050059 1. Entity Name STROUD CONSULTING SERVICES, INC.					
Principal Place of Business 8952 SW 212 TERRACE MIAMI, FL 33189				Mailing Address 8952 SW 212 TERRACE MIAMI, FL 33189	
2. Principal Place of Business - No P.O. Box # 165 Geranium Ct Suite, Apt. #, etc.		3. Mailing Address 165 Geranium Ct Suite, Apt. #, etc.			
City & State Marco Island FL		City & State Marco Island		4. FEI Number 65-1009268	
Zip 34145		Country Collier		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROUD, CHRISTINE L 8952 SW 212 TERRACE MIAMI, FL 33189				7. Name and Address of New Registered Agent Name Stroud Christine L Street Address (P.O. Box Number is Not Acceptable) 165 Geranium Ct City Marco Island FL Zip Code 34145	
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 <u><i>Christine Stroud</i></u> DATE <u>3-5-07</u> <small>Signature, typed 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, 2007 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	PD STROUD, CHRISTINE L 8952 SW 212 TERRACE MIAMI, FL 33189	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Stroud Christine L 165 Geranium Ct Marco Island FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Christine Stroud</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/5/07</u> <u>305-477-3023</u> <small>Date Daytime Phone #</small>		