


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90110 049 ***158.75

DOCUMENT # P00000052327 1. Entity Name INVITATION CONSULTANTS, INC.					
Principal Place of Business 8196 WOODLANDS CNT. BLVD. TAMPA, FL 33614			Mailing Address 8196 WOODLANDS CNT. BLVD. TAMPA, FL 33614		
2. Principal Place of Business <i>center</i> 8176 Woodlands Cnt. Blvd			3. Mailing Address <i>center</i> 8176 Woodlands Cnt. Blvd.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Tampa			City & State Tampa		
Zip 33614			Zip 33614		
Country 			Country 		
4. FEI Number 59-3649531			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE MEULDER, ALLISON C 9511 WEST PARK VILLAGE DRIVE TAMPA, FL 33626			7. Name and Address of New Registered Agent Name Allison C. De Meulder Street Address (P.O. Box Number is Not Acceptable) 9424 Cavendish Drive City Tampa FL Zip Code 33626		
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 <i>[Signature]</i> Allison De Meulder DATE 3-10-05 <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, 2005 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 KISVER DE MEULDER, ALLISON C 9511 WEST PARK VILLAGE DRIVE TAMPA, FL 33626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE MEULDER, OLIVIER M 9511 WEST PARK VILLAGE DRIVE TAMPA, FL 33626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i> Allison De Meulder DATE 3-10-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					