

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007515

FILED
Apr 21, 2009
Secretary of State

Entity Name: COLONIAL CONSULTING CORPORATION

Current Principal Place of Business:

3620 COLONIAL BLVD
SUITE 230
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

3620 COLONIAL BLVD SUITE230
FORT MYERS, FL 33966 US

New Mailing Address:

FEI Number: 65-1075902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSI ACCOUNTING & TAX SERVICE INC>
3620COLONIAL BLVD
SUITE 230
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

SSI ACCOUNTING & TAX SERVICE INC
3620COLONIAL BLVD
SUITE 230
FORT MYERS, FL 33966 US

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: WERNER SCHMITZ

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,VP () Delete
Name: SCHMITZ, WERNER
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33966

Title: D,PT () Delete
Name: SCHMITZ, SEBASTIAN
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33966

Title: D,S () Delete
Name: SCHMITZ, HANNELORE
Address: 3620 COLONIAL BLVD SUITE 230
City-St-Zip: FORT MYERS, FL 33966

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:

I hereby certify that the information supplied with this filing does not qualify 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: WERNER SCHMITZ

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date