2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 08:00 AM DOCUMENT # P01000039356 **Secretary of State** 1. Entity Name TUSCANY CONSULTANTS, INC. Mailing Address Principal Place of Business 12615 VIA LUCIA 12615 VIA LUCIA BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 03182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1096729 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ZITCER, PHYLLIS G DO NOT WRITE 12615 VIA LUCIA BOYNTON BEACH, FL 33436 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ZITCER, PHYLLIS G NAME 12615 VIA LUCIA STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL. 33436 TITLE 03/23/05-80036-006 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CICMIATURE.

NAME STREET ADDRESS CITY+ST-ZIP

Phyllw S. Ziter

Ziter Phyllis G. Zitcer

3-18-05