2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P01000096312** 04-29-2004 90356 046 ***150.00 1. Entity Name B.F. CONSULTING SERVICES, INC. Principal Place of Business Mailing Address **629 SHORELINE DR 629 SHORELINE DR** NAPLES, FL 34119 NAPLES, FL 34119 04202004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0018080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIGA, WLODZIMIERZ DO NOT WRITE 629 SHORELINE DR NAPLES, FL 34119 IN THIS SPACE . 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS MILE & FIGA, WLODZIMIERZ NAME STREET ADDRESS 629 SHORELINE DR NAPLES, FL 34119 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED