

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096808

FILED
Jan 12, 2006
Secretary of State

Entity Name: FLASH CONSULTANT SERVICES, INC.

Current Principal Place of Business:

10703 OUT ISLAND DR.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

10703 OUT ISLAND DR.
TAMPA, FL 33615

New Mailing Address:

FEI Number: 52-2345391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUIRE, WILLIAM A
10703 OUT ISLAND DR.
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MCGUIRE, WILLIAM A
Address: 10703 OUT ISLAND DR.
City-St-Zip: TAMPA, FL 33615 US

Title: V () Delete
Name: MCGUIRE, SALLY G
Address: 10703 OUT ISLAND DR
City-St-Zip: TAMPA, FL 33615 US

Title: V () Delete
Name: WILLIAM, MCGUIRE J
Address: 5830 MEMORIAL HWY
City-St-Zip: TAMPA, FL 33615 US

Title: V () Delete
Name: JULIE, KLECKA G
Address: 9320 N ASHLEY ST
City-St-Zip: TAMPA, FL 336127920 US

Title: V () Delete
Name: WILLIAM, KLECKA
Address: 9320 N ASHLEY ST
City-St-Zip: TAMPA, FL 336127920 US

Title: V () Delete
Name: WILLIAM, KLECKA J
Address: 9320 N. ASHLEY ST
City-St-Zip: TAMPA, FL 33612920 US

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:

Title: () Change () Addition
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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 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: WILLIAM A. MCGUIRE

CEO

01/12/2006

Electronic Signature of Signing Officer or Director

Date