2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Aug 28, 2007 8:00 am Secretary of State DOCUMENT #P01000105937 1. Entity Name 08-28-2007 90024 032 ***150.00 JEWELERS CONSULATING SERVICES, INC. Principal Place of Business Mailing Address 8025 BAYMEADOWS CIRCLE EAST 8025 BAYMEADOWS CIRCLE EAST **SUITE #304** SUITE #304 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business - No. P.O. 3. Mailing Address 14431 Millhanson Noct Suite, Apt. #, etc. Suite, Apt. #, etc 2nd MOORE CR2E034 (4/07) 4. FEI Number City & State City & State Applied For 59-3755966 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Jausse Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUSH, RICHARD Street Address (P.O. Box Number is Not Acceptable) 8025 BAYMEADOWS CIRCLE EAST SUITE #304 - < JACKSONVILLE FL 32256 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 familia the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 150 \$ 607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Pors PVST TITLE Delete TITLE Addition Richard Bush, 14431 M. Nhoppen Rd BUSH, RICHARD NAME NAME 8025 BAYMEADOWS CIRCLE EAST #304 STREET ADDRESS STREET ADDRESS Inclasionville CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-Z!P CITY-ST-7IP THILE ☐ Delete HILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

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