

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005773

Entity Name: CIS CONSULTING, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

1200 GULF BOULEVARD
SUITE 1703
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

1200 GULF BOULEVARD
SUITE 1703
CLEARWATER, F; 33767

New Mailing Address:

FEI Number: 04-3588479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: ALEXANDROV, ALEXANDER
Address: 1200 GULF BOULEVARD SUITE 1703
City-St-Zip: CLEARWATER, FL 33767

Title: STD () Delete
Name: SIDOROVA, SVETLANA
Address: 1200 GULF BOULEVARD SUITE 1703
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: ALEXANDER ALEXANDROV

PD

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date