

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005773

Entity Name: CIS CONSULTING, INC.

FILED  
Feb 04, 2009  
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, FL 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 CORAL WAY  
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 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: ALEXANDER ALEXANDROV

PD

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date