

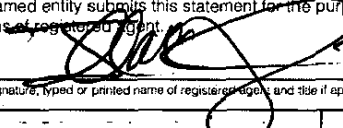
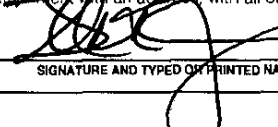


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90047 005 \*\*\*150.00

<b>DOCUMENT # P02000039654</b> 1. Entity Name <b>AMHERST CONSULTING COMPANY, INC.</b>					
Principal Place of Business <b>5780 HOFFNER AVENUE SUITE 401 ORLANDO, FL 32822</b>			Mailing Address <b>5780 HOFFNER AVENUE SUITE 401 ORLANDO, FL 32822</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>24024546</b>	
City & State		City & State		02272004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>04-3633782</b>	
Zip		Country		5. Certificate of Status Desired  <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZIMMERMAN, TODD N PE</b> <b>1017 PEGEL COURT</b> <b>OWIEDO, FL 32765</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 familiar with, and accept the obligations of registered agent.				691 Benita wood Ct. Winter Spgs., FL 32708	
SIGNATURE  <b>Todd N Zimmerman, President</b>				DATE <b>3/15/04</b>	
(NOTE: Registered Agent signature required when reinstating)				FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <b>P ZIMMERMAN, TODD N PE</b> <b>1017 PEGEL COURT</b> <b>OWIEDO, FL 32765</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>691 Benita wood Ct</b> <b>Winter Spgs., FL 32708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <b>ST PAGE, SHERYL M</b> <b>1017 PEGEL COURT</b> <b>OWIEDO, FL 32765</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>691 Benita wood Ct.</b> <b>Winter Spgs., FL 32708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 fees empowered.					
SIGNATURE:  <b>Todd N Zimmerman, President</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>3/15/04</b> Daytime Phone # <b>407-273-4143</b>	

*5MP9B 2/15/04*