

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90156 002 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                       |                                                                                                                  |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000062934</b><br>1. Entity Name<br><b>KROUSE CONSULTING SERVICES, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                       |                                                                                                                  |                                                                                                                                      |  |
| Principal Place of Business<br><b>11604 SHADY TREE PLACE<br/>TAMPA, FL 33624</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                       | Mailing Address<br><b>11604 SHADY TREE PLACE<br/>TAMPA, FL 33624</b>                                             |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                        |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                       | City & State                                                                                                     |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country                                               |                                                                                                                  | 4. FEI Number <b>01-0709355</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES |                                                                                                                  |                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>BUSINESS FILINGS INCORPORATED<br/>1000 WEST AVENUE<br/>SUITE 1114<br/>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                       |                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                       |                                                                                                                  |                                                                                                                                      |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                       |                                                                                                                  |                                                                                                                                      |  |
| FILE NOW WITH FEE IS \$150.00<br>After May 1, 2003 Fee will be \$150.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                       |                                                                                                                  |                                                                                                                                      |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                       |                                                                                                                  |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                     |                                                                                                                                      |  |
| TITLE <input checked="" type="checkbox"/> <b>D</b> <input type="checkbox"/> Delete<br>NAME <b>KROUSE, DENNIS</b><br>STREET ADDRESS <b>11604 SHADY TREE PLACE</b><br>CITY-ST-ZIP <b>TAMPA, FL 33624</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                      |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                      |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                      |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                      |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                      |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                      |  |
| 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 like empowered. |  |                                                       |                                                                                                                  |                                                                                                                                      |  |
| <b>SIGNATURE: <u>Dennis J. Krouse</u> DENNIS J. KROUSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                       |                                                                                                                  |                                                                                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                       |                                                                                                                  | Date <b>4-26-03</b> (813) 963-6123                                                                                                   |  |

CR2E034 (10/02)