2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104743

Entity Name: BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.

FILED Apr 25, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

25541 STATE RD 46 871 DOUGLAS AVE

SUITE 2 ALTAMONTE SPRINGS, FL 32714

MOUNT PLYMOUTH, FL 32776

Current Mailing Address: New Mailing Address:

25541 STATE RD 46 3823 DUNEDIN CT. SUITE 2 APOPKA, FL 32712

SUITE 2 APOPKA, FL 32
MOUNT PLYMOUTH, FL 32776

FEI Number: 32-0034891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BIRON, LOUIS R
25541 STATE RD 46
SUITE 2
BIRON, LOUIS R
3823 DUNEDIN CT.
APOPKA, FL 32712 US

MOUNT PLYMOUTH, FL 32776 US

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: 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete Title: DPVS (X) Change () Addition

 Name:
 BIRON, LOUIS R
 Name:
 BIRON, LOUIS R

 Address:
 25541 STATE RD 46, SUITE 2
 Address:
 3823 DUNEDIN CT.

 City-St-Zip:
 MOUNT PLYMOUTH, FL 32776
 City-St-Zip:
 APOPKA, FL 32712

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BIRON, LOUIS R
 Name:
 BIRON, LOUIS R

 Address:
 25541 STATE RD 46, SUITE 2
 Address:
 3823 DUNEDIN CT.

 City-St-Zip:
 MOUNT PLYMOUTH, FL 32776
 City-St-Zip:
 APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS R. BIRON DPVS 04/25/2006