

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90182 039 ***150.00

DOCUMENT # P02000114681

1. Entity Name
DATASCAN CONSULTING COMPANY



400000



03272007 Chg-P CR2E034 (12/06)

4. FEI Number
14-1855951 Applied F. ☐ Not Appli

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEX, MINASSIAN
1962 COUNTRY CLUB DR
PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 ac the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ac
NAME	MINASSIAN, ALEX			NAME			
STREET ADDRESS	1962 CONTRY CLUB DR			STREET ADDRESS			
CITY - ST - ZIP	DAYTONA BEACH, FL 32128			CITY - ST - ZIP			
TITLE	DVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ac
NAME	MINASSIAN, NANCY			NAME			
STREET ADDRESS	1962 CONTRY CLUB DR			STREET ADDRESS			
CITY - ST - ZIP	DAYTONA BEACH, FL 32128			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ac
NAME	MINASSIAN, KEVIN			NAME			
STREET ADDRESS	4 ROYAL DRIVE			STREET ADDRESS			
CITY - ST - ZIP	CORAM, NY 11727			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Ac
NAME	MINASSIAN, BRIAN			NAME	MINASSIAN, BRIAN		
STREET ADDRESS	18 VANTAGE COURT			STREET ADDRESS	1504 S. CATALINA AVE.		
CITY - ST - ZIP	PORT JEFFERSON, NY 11777			CITY - ST - ZIP	REDONDO BEACH, CA 90277		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ac
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ac
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informat 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #