

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067998

Entity Name: MRI CONSULTANTS, INC.

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

7998 BEAUMONT COURT  
NAPLES, FL 34109

## New Principal Place of Business:

277 RIDGE DR.  
NAPLES, FL 34108

## Current Mailing Address:

7998 BEAUMONT COURT  
NAPLES, FL 34109

## New Mailing Address:

194 MAHOGANY DR.  
NAPLES, FL 34108

FEI Number: 05-0572595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAULSBY, GILBERT H  
7998 BEAUMONT COURT  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

MAULSBY, GILBERT H  
194 MAHOGANY DR.  
NAPLES, FL 34108 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: SUSIE KIM MAULSBY

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAULSBY, GILBERT H  
Address: 7998 BEAUMONT COURT  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: MAULSBY, SUSIE K  
Address: 7998 BEAUMONT COURT  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MAULSBY, GILBERT H  
Address: 194 MAHOGANY DR  
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change ( ) Addition  
Name: MAULSBY, SUSIE K  
Address: 194 MAHOGANY DR  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSIE KIM MAULSBY

D

04/19/2005

Electronic Signature of Signing Officer or Director

Date