

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021741

FILED
Aug 16, 2005
Secretary of State

Entity Name: NEXUS CONSULTANCY, INC.

Current Principal Place of Business:

643 S.W. BELMONT CIRCLE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

1632 SW NORMAN LANE
PORT ST. LUCIE, FL 34984 US

Current Mailing Address:

643 S.W. BELMONT CIRCLE
PORT ST. LUCIE, FL 34953

New Mailing Address:

POST OFFICE BOX 8385
PORT ST. LUCIE, FL 34985 US

FEI Number: 58-2682643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, DALE
643 S.W. BELMONT CIRCLE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

MCCOY, DALE
1632 SW NORMAN LANE
PORT ST. LUCIE, FL 34984 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:

08/16/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Change (X) Addition
Name: MCCOY, DALE
Address: POST OFFICE BOX 8385
City-St-Zip: PORT ST LUCIE, FL 34985 US

Title: VT () Change (X) Addition
Name: SINGH, AJIT
Address: POST OFFICE BOX 8385
City-St-Zip: PORT ST LUCIE, FL 34985 US

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: DALE MCCOY

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08/16/2005

Electronic Signature of Signing Officer or Director

Date