

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000045135

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** RICE CONSULTING SOLUTIONS, INC.

**Current Principal Place of Business:**

3108 S. SCHILLER STREET  
TAMPA, FL 33629

**New Principal Place of Business:**

8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614

**Current Mailing Address:**

3108 S. SCHILLER STREET  
TAMPA, FL 33629

**New Mailing Address:**

8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614

**FEI Number:** 20-0862709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICE, MICHAEL P  
3108 S. SCHILLER STREET  
TAMPA, FL 33629 US

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

RICE, MICHAEL P  
8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614 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:** MICHAEL P RICE

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** RICE, MICHAEL P  
**Address:** 8902 N DALE MABRY HWY, SUITE 200  
**City-St-Zip:** TAMPA, FL 33614

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL P RICE

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date