

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051502

FILED
Jul 25, 2006
Secretary of State

Entity Name: TRUSHEL CONSULTING INC.

Current Principal Place of Business:

100 AMERICAN CENTER PLACE
208
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 89305
TAMPA, FL 33689 US

New Mailing Address:

FEI Number: 20-0886773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUSHEL, JENNIFER
12515 LAKE VISTA DR
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

TRUSHEL, LLOYD
12515 LAKE VISTA DR
GIBSONTON, FL 33534 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: L TRUSHEL

07/25/2006

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: P () Delete
Name: TRUSHEL, JENNIFER
Address: P.O. BOX 89305
City-St-Zip: TAMPA, FL 33689 US

Title: VP () Delete
Name: TRUSHEL, LLOYD W
Address: P.O. BOX 89305
City-St-Zip: TAMPA, FL 33689

Title: S () Delete
Name: KAU, ERIC A
Address: P.O. BOX 89305
City-St-Zip: TAMPA, FL 33689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DUPRAS, SCOTT E
Address: P.O. BOX 89305
City-St-Zip: TAMPA, FL 33689

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: LLOYD TRUSHEL

VP

07/25/2006

Electronic Signature of Signing Officer or Director

Date