

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000091107

1. Entity Name
BUSINESS COMMUNICATIONS CONSULTANCY, INC.



**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90527 013 ***150.00

Principal Place of Business
825 VILLAGE FORGE RD
WEST PALM BEACH, FL 33405

Mailing Address

825 VILLAGE FORGE RD
WEST PALM BEACH, FL 33405

2. Principal Place of Business
825 VALLEY FORGE RD

3. Mailing Address
825 VALLEY FORGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03172005 Chg-P CR2E034 (10/03)

4. FEI Number
03-0543552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 PSD Delete
NAME HAYNES, GEOFFREY M
STREET ADDRESS 825 VILLAGE FORGE RD
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD Delete
NAME WOOD, JODY M
STREET ADDRESS 825 VILLAGE FORGE RD
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if 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

4/25/05

561.582.0459

Date

Daytime Phone #