

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163048

FILED
Mar 01, 2005
Secretary of State

Entity Name: EXECUTIVE CONSULTING INTERNATIONAL, INC.

Current Principal Place of Business:

921 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

921 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 42-1652875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, BARBARA A
921 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

801 WEST STATE ROAD 436
SUITE 2065
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

801 WEST STATE ROAD 436
SUITE 2065
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WILSON, BARBARA A
801 WEST STATE ROAD 436
SUITE 2065
ALTAMONTE SPRINGS, FL 32714 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: BARBARA WILSON

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, BARBARA A
Address: 921 DOUGLAS AVE., SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, BARBARA A
Address: 801 WEST STATE ROAD 436, SUITE 2065
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: BARBARA WILSON

P

03/01/2005

Electronic Signature of Signing Officer or Director

Date