

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165739

Entity Name: TEMPLAR MASON CONSULTING, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

319 CELEBRATION BLVD
CELEBRATION, FL 34747

New Principal Place of Business:

106 ACADIA TERRACE
CELEBRATION, FL 34747

Current Mailing Address:

319 CELEBRATION BLVD
CELEBRATION, FL 34747

New Mailing Address:

106 ACADIA TERRACE
CELEBRATION, FL 34747

FEI Number: 20-1985090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, GARY S M.D.
319 CELEBRATION BLVD
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

ALLEN, GARY S M.D.
106 ACADIA TERRACE
CELEBRATION, FL 34747 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: GARY ALLEN

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, GARY S M.D.
Address: 319 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLEN, GARY S M.D.
Address: 106 ACADIA TERRACE
City-St-Zip: CELEBRATION, FL 34747

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: GARY ALLEN

PRES

01/03/2007

Electronic Signature of Signing Officer or Director

Date