

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165739

FILED
Mar 24, 2009
Secretary of State

Entity Name: TEMPLAR MASON CONSULTING, INC.

Current Principal Place of Business:

106 ACADIA TERRACE
CELEBRATION, FL 34747

New Principal Place of Business:

920 N PARK RD
HOLLYWOOD, FL 33021

Current Mailing Address:

106 ACADIA TERRACE
CELEBRATION, FL 34747

New Mailing Address:

920 N PARK RD
HOLLYWOOD, FL 33021

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.
106 ACADIA TERRACE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

ALLEN, GARY S M.D.
920 N PARK RD
HOLLYWOOD, FL 33021 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

03/24/2009

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: 106 ACADIA TERRACE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLEN, GARY S M.D.
Address: 920 N PARK RD
City-St-Zip: HOLLYWOOD, FL 3021

I hereby certify that the information supplied with this filing does not qualify 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

03/24/2009

Electronic Signature of Signing Officer or Director

Date