2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P05000016712

Entity Name: IT CONSULTANT SERVICES, INC.

Current Principal Place of Business:

5788 WOODLAND POINT DRIVE
TAMARAC, FL 33319

New Principal Place of Business:

5646 ROCK ISLAND ROAD
201
TAMARAC, FL 33319 US

Current Mailing Address:

5788 WOODLAND POINT DRIVE
TAMARAC, FL 33319

New Mailing Address:

P.O. BOX 590055
FORT LAUDERDALE, FL 33359 US

FEI Number: 76-0779300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, ORANE G
5788 WOODLAND POINT DRIVE
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

GRAHAM, STACY-ANN P
5646 ROCK ISLAND ROAD
201
TAMARAC, FL 33319 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: STACY-ANN P. GRAHAM 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRAHAM, CHRIS-AL
Address: 5788 WOODLAND POINT DRIVE
City-St-Zip: TAMARAC, FL 33319 BR

Title: V ( ) Delete
Name: WRIGHT, ORANE G
Address: 5788 WOODLAND POINT DRIVE
City-St-Zip: TAMARAC, FL 33319 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRAHAM, STACY-ANN P
Address: 5646 ROCK ISLAND ROAD, #201
City-St-Zip: TAMARAC, FL 33319 US

Title: VP (X) Change ( ) Addition
Name: GRAHAM, CHRIS-AL O
Address: 5646 ROCK ISLAND ROAD, #201
City-St-Zip: TAMARAC, FL 33319 US

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: STACY-ANN P. GRAHAM P 04/28/2006
Electronic Signature of Signing Officer or Director Date