## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000063756

Entity Name: BRIGHT CONSULTANTS, INC.

FILED Jul 07, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4443 CHALFONT DRIVE 601 CASCADING CREEK LN ORLANDO, FL 32837 WINTER GARDEN, FL 34787

**Current Mailing Address: New Mailing Address:** 

4443 CHALFONT DRIVE 601 CASCADING CREEK LN ORLANDO, FL 32837 WINTER GARDEN, FL 34787

FEI Number: 52-2458909 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

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

THOMAS, JOJO 595 CASĆADING CREEK LN US WINTER GARDEN, FL 34787

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: JOJO THOMAS 07/07/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition THOMAS, JOJO THOMAS, JOJO Name: Name: 4443 CHALFONT DRIVE 601 CASCADING CREEK LN Address: Address:

City-St-Zip: ORLANDO, FL 32837 City-St-Zip: WINTER GARDEN, FL 34787

VPD Title: VPD (X) Change ( ) Addition Title: ( ) Delete MATHEW, FINNY Name: MATHEW, FINNY Name:

4443 CHALFONT DRIVE 601 CASCADING CREEK LN Address: Address: ORLANDO, FL 32837 WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: SD SD SAJI, ELIZABETH SAJI, ELIZABETH Name: Name:

4443 CHALFONT DRIVE 601 CASCADING CREEK LN Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: WINTER GARDEN, FL 34787

( ) Delete Title: Title: TD (X) Change ( ) Addition

JACOB, SUNNY JACOB, SUNNY Name: Name: 601 CASCADING CREEK LN Address: 4443 CHALFONT DRIVE Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: WINTER GARDEN, FL 34787

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: JOJO THOMAS PD 07/07/2006