

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063756

Entity Name: BRIGHT CONSULTANTS, INC.

FILED  
Jan 17, 2007  
Secretary of State

**Current Principal Place of Business:**

601 CASCADING CREEK LN  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

601 CASCADING CREEK LN  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 52-2458909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS, JOJO  
Address: 601 CASCADING CREEK LN  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD ( ) Delete  
Name: MATHEW, FINNY  
Address: 601 CASCADING CREEK LN  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete  
Name: SAJI, ELIZABETH  
Address: 601 CASCADING CREEK LN  
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD (X) Delete  
Name: JACOB, SUNNY  
Address: 601 CASCADING CREEK LN  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: JACOB, SUNNY  
Address: 601 CASCADING CREEK LN  
City-St-Zip: WINTER GARDEN, FL 34787

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date