
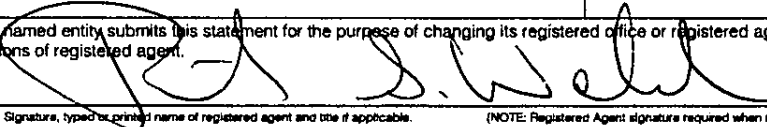
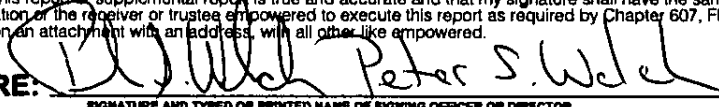


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # P05000150785		
1. Entity Name CENTER FOR SOUND CONSUMER ADVICE, INC.		
Principal Place of Business 819 CHESTNUT STREET CLERMONT, FL 34712	Mailing Address 819 CHESTNUT STREET CLERMONT, FL 34712	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WELCH, PETER 819 CHESTNUT STREET CLERMONT, FL 32712		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <u>8/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELCH, PETER S 819 CHESTNUT ST CLERMONT, FL 34712	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  <u>8/11/07</u> <u>866-340-3611</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



08122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3948466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000772253
08/17/07-80005-016 150.00

**DO NOT WRITE
IN THIS SPACE**