2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168459

Name:

Address:

City-St-Zip:

11940 SHELDON RD

TAMPA, FL 33626

Entity Name: MISOLIPCE CONSULTING COPPORATION

FILED Apr 24, 2008 Secretary of State

Littly Nai	ine. Misoc	JRCE CONSOLTING CORPORA	TION				
Current Principal Place of Business:			New Principal Place of Business:				
11940 SHE TAMPA, F	ELDON RD L 33626						
Current Mailing Address:			New Mailing Address:				
11940 SHE TAMPA, F	ELDON RD L 33626						
FEI Number	: 20-4056492	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desir	ed (X)	
Name and	l Address o	of Current Registered Agent:	Name and	Address of N	ew Registered Agent:		
BOOTHE, 10626 TA\ TAMPA, F	/ISTOCK DI	R US					
	named enti e of Florida.	ity submits this statement for the p	ourpose of changing i	ts registered of	ffice or registered agent	, or both,	
SIGNATUI	RE:						
	Elect	ronic Signature of Registered Ag	ent		Date		
Election Car	npaign Finan	cing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P BOOTHE, D 11940 SHEI TAMPA, FL	LDON RD	Title: Name: Address: City-St-Zip:	CEO (X) BOOTHE, DARN 11940 SHELDO TAMPA, FL 336	N RD		
Title: Name: Address: City-St-Zip:	VPT JENSEN, CO 11940 SHEI TAMPA, FL	LDON RD	Title: Name: Address: City-St-Zip:	CEO (X) JENSEN, CORY 11940 SHELDO TAMPA, FL 336	N RD		
Title: Name: Address: City-St-Zip:	VP FREEMAN, 11940 SHEI TAMPA, FL	LDON RD	Title: Name: Address: City-St-Zip:	CEO (X) FREEMAN, JOH 11940 SHELDO TAMPA, FL 336	N RD		
Title: Name:	VPS SPANKE, M	(X) Delete ATT	Title: Name:	()	Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: DARVIN BOOTHE CEO 04/24/2008