

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007302

FILED
Jan 31, 2007
Secretary of State

Entity Name: TREASURE COAST INFORMATION SYSTEMS CONSULTANTS, INC.

Current Principal Place of Business:

P.O. BOX 13328
FORT PIERCE, FL 34979

New Principal Place of Business:

7410 S. U.S. HIGHWAY 1
SUITE 307
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

P.O. BOX 13328
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HANLON, JOSEPH P CPA
345 E. WEATHERBEE ROAD
#63
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

HANLON, JOSEPH P CPA
5101 NW EVER ROAD
PORT SAINT LUCIE, FL 34982 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: JOSEPH HANLON

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANLON, JOSEPH P CPA
Address: P.O. BOX 13328
City-St-Zip: FORT PIERCE, FL 34979

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HANLON, JOSEPH P CPA
Address: P.O. BOX 13328
City-St-Zip: FORT PIERCE, FL 34979

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: JOSEPH HANLON

CEO

01/31/2007

Electronic Signature of Signing Officer or Director

Date