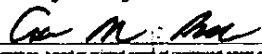


FILED  
Jun 25, 2007 8:00 am  
Secretary of State

05-14-2007 90071 023 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P06000118790			
1. Entity Name BOUSE CONSULTING INC			
Principal Place of Business 1234 NE 14TH AVE FORT LAUDERDALE, FL 33304		Mailing Address 500 SE 17TH STREET 220 FORT LAUDERDALE, FL 33316	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1234 NE 14th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Lauderdale	
Zip	Country	Zip	Country
FL		33304	
4. FFI Number 39-2051058		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YANKWITT, ERIC 500 SE 17TH STREET 220 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name BOUSE, ANDRE Street Address (P.O. Box Number is Not Acceptable) 1234 NE 14th AVE City Fort Lauderdale FL Zip Code 33304	
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 4/24/07 <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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BOUSE, ANDRE 1234 NE14TH AVE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/27/07 954 610 5899 <small>Date Daytime Phone #</small>	