

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

05-14-2007 90071 023 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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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. FEI Number		Applied For	
39-2051058		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YANKWITT, ERIC 500 SE 17TH STREET 220 FORT LAUDERDALE, FL 33316		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	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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
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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:		DATE 4/27/07 954 610 5899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	