


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000118790	
1. Entity Name BOUSE CONSULTING INC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 7:44

Principal Place of Business 1234 NE 14TH AVE FORT LAUDERDALE, FL 33304	Mailing Address 1234 NE 14TH AVE FORT LAUDERDALE, FL 33304
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2. Principal Place of Business - No P.O. Box # 1361 Sawgrass Corp PKWY	3. Mailing Address 1361 Sawgrass Corp PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

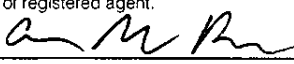


09152008 Chg-P CR2E034 (12/06)

City & State Sunrise, FL	City & State Sunrise, FL	4. FEI Number 39-2051058	Applied For Not Applicable
Zip 33323	Country US	Zip 33323	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOUSE, ANDKE 1234 NE 14TH AVE FORT LAUDERDALE, FL 33304	7. Name and Address of New Registered Agent Name BOUSE, ANDRE Street Address (P.O. Box Number is Not Acceptable) 1361 Sawgrass Corp PKWY City Sunrise, FL 33323 FL Zip Code
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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 9-15-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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	P Bouse, Andre 1361 Sawgrass Corp PKWY Sunrise, FL 33323 <input checked="" 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	100136160801 09/19/08--01049--003 **150.00 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/18/08 <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:  DATE 9-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #