2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 17 AM 7:44

DOCUMENT # P06000118790

1. Entity Name
BOUSE CONSULTING INC

Principal Place of Business	Mailing Address
1234 NE 14TH AVE FORT LAUDERDALE, FL 33304	1234 NE 14TH AVE FORT LAUDERDALE, FL 33304

09152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1361 Sawgrass Corp Pkwy	1361 Sawgrass Corp Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33323 Country: US	Zip: 33323 Country: US

4. FEI Number: 39-2051058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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: [signature] 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. ☐ **$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.

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bouse, Andre 1361 Sawgrass Corp Pkwy Sunrise, FL 33323 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100136160801 09/19/08--01049--003 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 9/18/08 ☐ Change ☐ 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: [signature] 9-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #