

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121550

FILED
Apr 16, 2008
Secretary of State

Entity Name: FIRST COAST HUMAN SYSTEMS CONSULTING, INC.

Current Principal Place of Business:

24 CATHEDRAL PLACE
SUITE 607
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

170 MAKARIOS DR.
UNIT 7
SAINT AUGUSTINE, FL 32080 US

New Principal Place of Business:

320 HIGH TIDE DRIVE
SUITE 101
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

1707 MAKARIOS DR.
SAINT AUGUSTINE, FL 32080 US

FEI Number: 51-0603971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, MARY B
24 CATHEDRAL PLACE
SUITE 607
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

NEAL, MARY B DR
1707 MAKARIOS DRIVE
ST. AUGUSTINE, FL 32080 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: MARY B. NEAL

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEAL, MARY B
Address: 170 MAKARIOS DR., UNIT 7
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: SEC () Delete
Name: NEAL, MARY B
Address: 170 MAKARIOS DR., UNIT 7
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: DIR () Delete
Name: NEAL, MARY B
Address: 170 MAKARIOS DR., UNIT 7
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEAL, MARY B DR.
Address: 1707 MAKARIOS DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: SEC (X) Change () Addition
Name: NEAL, MARY B DR.
Address: 1707 MAKARIOS DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: DIR (X) Change () Addition
Name: NEAL, MARY B DR.
Address: 1707 MAKARIOS DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify 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: MARY B. NEAL

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date