

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136199

FILED  
Apr 15, 2007  
Secretary of State

Entity Name: FOWLER CONSULTANTS, INC.

**Current Principal Place of Business:**

3748 GATEWOOD DR.  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

3748 GATEWOOD DR.  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

211 HUMMINGBIRD LN  
LEANDER, TX 78641 US

FEI Number: 71-1015356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FOWLER, CAROLINA M  
3748 GATEWOOD DR.  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: FOWLER, LIAM T  
Address: 13492 RESEARCH BLVD., #120-MB433  
City-St-Zip: AUSTIN, TX 78750 US

Title: PRES ( ) Delete  
Name: FOWLER, LIAM T  
Address: 13492 RESEARCH BLVD., #120-MB433  
City-St-Zip: AUSTIN, TX 78750 US

Title: VP ( ) Delete  
Name: FOWLER, CAROLINA M  
Address: 3748 GATEWOOD DR.  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: SEC ( ) Delete  
Name: FOWLER, CAROLINA M  
Address: 3748 GATEWOOD DR.  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: TREA ( ) Delete  
Name: FOWLER, LIAM T  
Address: 13492 RESEARCH BLVD., #120-MB433  
City-St-Zip: AUSTIN, TX 78750 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: FOWLER, LIAM T  
Address: 211 HUMMINGBIRD LN  
City-St-Zip: LEANDER, TX 78641 US

Title: PRES (X) Change ( ) Addition  
Name: FOWLER, LIAM T  
Address: 211 HUMMINGBIRD LN  
City-St-Zip: LEANDER, TX 78641 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA (X) Change ( ) Addition  
Name: FOWLER, LIAM T  
Address: 211 HUMMINGBIRD LN  
City-St-Zip: LEANDER, TX 78641 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LIAM T. FOWLER

Electronic Signature of Signing Officer or Director

PRES

04/15/2007

\_\_\_\_\_ Date