

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136199

Entity Name: FOWLER CONSULTANTS, INC.

FILED  
Jan 05, 2012  
Secretary of State

**Current Principal Place of Business:**

3750 GATEWOOD DR.  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

651 N. HWY 183  
335-142  
LEANDER, TX 78641 US

**New Mailing Address:**

407 PEANUT DR  
TEMPLE, TX 76502 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, YVONNE O  
3750 GATEWOOD DR.  
PORT ORANGE, FL 32129 US

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

FOWLER, TIFFANY E  
3750 GATEWOOD DR.  
PORT ORANGE, FL 32129 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: TIFFANY E. FOWLER

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: FOWLER, LIAM T  
Address: 407 PEANUT DR.  
City-St-Zip: TEMPLE, TX 76502 US

Title: CEO  
Name: FOWLER, LIAM T  
Address: 407 PEANUT DR.  
City-St-Zip: TEMPLE, TX 76502 US

Title: SEC  
Name: FOWLER, TIFFANY E  
Address: 3750 GATEWOOD DR.  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: TREA  
Name: FOWLER, LIAM T  
Address: 407 PEANUT DR.  
City-St-Zip: TEMPLE, TX 76502 US

I hereby 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 all other like empowered.

SIGNATURE: LIAM T FOWLER

CEO

01/05/2012

Electronic Signature of Signing Officer or Director

Date