## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P07000025645** 03-31-2008 90030 001 \*\*\*150.00 FII CONSULTING, INC. Principal Place of Business Mailing Address 40000000 3115 DOWNAN POINT DR. 3115 DOWNAN POINT DR. LAND O' LAKES, FL 34638 US LAND O' LAKES, FL 34638 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9415 Bearden Creek Lane 9415 Bearden Creek Lane 03132008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For Humble <u>45-0553407</u> - Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required U3A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INCORP SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 City Zip Code ۴I 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change ☐ Addition BUNCH, JOHN NAME NAME STREET ADDRESS 3115 DOWNAN POINT DR. STREET ADDRESS LAND O LAKES, FL 34638 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

Mar 31, 2008 8:00 am