

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90016 024 ***150.00

DOCUMENT # P07000061318 1. Entity Name TOUGER CONSULTING, INC.					
Principal Place of Business 6360 NW 77TH COURT PARKLAND, FL 33067			Mailing Address 350 LEFFERTS AV APT 1B BROOKLYN, NY 11225		
2. Principal Place of Business - No P.O. Box # 9952 Southern Blvd.		3. Mailing Address Suite, Apt. #, etc. 			
City & State West Palm Beach, FL		City & State 		4. FEI Number 26-0222411	
Zip 33411		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST SUITE 500 ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name Levi Touger Street Address (P.O. Box Number is Not Acceptable) 9952 Southern Blvd. City West Palm Beach FL Zip Code 33411	
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 DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST TOUGER, LEVI <input type="checkbox"/> Delete 350 LEFFERTS AV APT 1B BROOKLYN, NY 11225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Touger, Levi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9952 Southern Blvd. West Palm Beach, FL 33411	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					