

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088318

Entity Name: ANSULT CORP

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

6914 NW 126TH AVE  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

6914 NW 126TH AVE  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 26-3445183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLUM, STUART R CPA  
5511 N UNIVERSITY DR  
#101  
CORAL SPRINGS, FL 33067 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: P ( ) Delete  
Name: NOUD, PATRICK J  
Address: 6914 NW 126TH AVE  
City-St-Zip: PARKLAND, FL 33076 US

Title: VP ( ) Delete  
Name: NOUD, MARY ANNE  
Address: 6914 NW 126TH AVE  
City-St-Zip: PARKLAND, FL 33076 US

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

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

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

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: PATRICK NOUD

PRES

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date