

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000072227

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** COPPER RAIN CONSULTING INC.

**Current Principal Place of Business:**

19 B 4621 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

5112 INVERNESS DR  
5112  
SARASOTA, FL 34243 US

**Current Mailing Address:**

19 B 4621 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

PO BOX 2068  
SARASOTA, FL 34230 US

**FEI Number:** 45-1440889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOURSE, ANTHONY  
19 B 4621 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 US

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

NOURSE, ANTHONY  
5112 INVERNESS DR  
5112  
SARASOTA, FL 34243 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/04/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: NOURSE, ANTHONY T  
Address: 5112 INVERNESS DR  
City-St-Zip: SARASOTA, FL 34243 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: ANTHONY T NOURSE

Electronic Signature of Signing Officer or Director

DP

04/04/2011

Date