

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000044788

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** OPTIMAL SOLUTIONS CONSULTING INC.

**Current Principal Place of Business:**

2 WALAPEG ROAD  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

2 WALAPEG ROAD  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 35-2412203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEBELING, GEORGE  
2 WALAPEG ROAD  
INDIAN HARBOUR BEACH, FL 32937 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEBELING, GEORGE  
Address: 2 WALAPEG ROAD  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: GEORGE NEBELING

PRES

04/25/2012

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

\_\_\_\_\_  
Date