2004 FOR PROFIT CORPORATION

Mar 18, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P94000031112 MANAGEMENT CONSULTING & SALES CORP. Principal Place of Susiness Mailing Address 20525 LINKS VIEW WAY 20525 LINKS VIEW WAY BOCA RATON, FL 33434 BOCA RATON, FL 33434 02252004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-6030305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MAURER, JANI E ESQ. DO NOT WRITE 555 S FEDERAL HWY **SUITE 430** IN THIS SPACE BOCA RATON, FL 33432 distribution of the second 3. 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. SIGNATUR (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing U000000031583 03/18/04-80015-012 150.00 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE WOLPOV, MICHAEL M NAME STREET ADDRESS 20525 LINKSVIEW WAY CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS COY-ST-ZIP πιε NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TITLE IN THIS SPACE MARKE STREET ADDRESS CRIV-ST-RP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 withten address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED