2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068866

Entity Name: FLORIDA SECURITIES CONSULTING SERVICES, INC.

FILED Feb 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8555 SW 12 LN

GAINESVILLE, FL 32607 US

Current Mailing Address: New Mailing Address:

8555 SW 12 LN

GAINESVILLE, FL 32607 US

FEI Number: 59-3267808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MACKENZIE, LANCE D MR.
6838 SW 82ND TERRACE
MACKENZIE, LANCE D MR.
8555 SW 12 LN

GAINESVILLE, FL 32608 US GAINESVILLE, FL 32607 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: LANCE D. MACKENZIE 02/08/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition

 Name:
 MACKENZIE, LANCE D MR.
 Name:
 MACKENZIE, LANCE D MR.

 Address:
 6838 SW 82ND TERRACE
 Address:
 8555 SW 12 LN

 Address:
 6838 SW 82ND TERRACE
 Address:
 8555 SW 12 LN

 City-St-Zip:
 GAINESVILLE, FL 32608 US
 City-St-Zip:
 GAINESVILLE, FL 32607 US

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 MACKENZIE, STEPHANIE J MRS.
 Name:
 MACKENZIE, STEPHANIE J MRS.

Address: 6838 SW 82ND TERRACE Address: 8555 SW 12 LN

City-St-Zip: GAINESVILLE, FL 32608 US City-St-Zip: GAINESVILLE, FL 32607 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LANCE D. MACKENZIE PRES 02/08/2006