2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043681

Title:

Name:

Address:

City-St-Zip:

Entity Name: TEWS CONSULTING, INC.

FILED Mar 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1201 SOUTH ORLANDO AVENUE SUITE 410 WINTER PARK, F 32789 **Current Mailing Address: New Mailing Address:** 1201 SOUTH ORLANDO AVENUE SUITE 410 WINTER PARK, F 32789 FEI Number: 59-3318053 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: TEWS, HANS W 1236 CONTRY CLUB OAKS CIRCLE ORLANDO, FL 32804 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition Name: TEWS, HANS W. Name: TEWS, HANS W 1236 COUNTRY CLUB OAKS CIRCLE 1236 COUNTRY CLUB OAKS CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Change () Addition Title: DS () Delete Name: TEWS, MARTHA W Name: 1236 COUNTRY CLUB OAKS CIRCLE Address: Address: ORLANDO, FL 32804 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition PD () Delete PD TEWS, CHARLES C. TEWS, CHARLES C Name: Name: 4237 ANSON LANE #105 4237 ANSON LANE #105 Address: Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

VPTD

WILSON, MELISSA T

ORLANDO, FL 32804

1212 COUNTRY CLUB DRIVE

(X) Change () Addition

SIGNATURE: MELISSA T. WILSON VPTD 03/02/2005

() Delete

1212 COUNTRY CLUB DRIVE

WILSON, MELISSA T.

ORLANDO, FL 32804