

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004919

FILED
May 31, 2008
Secretary of State

Entity Name: SWIFT CONSULTING & MANAGEMENT, INC.

Current Principal Place of Business:

170 NW SPANISH TRAIL BLVD
SUITE # 4
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 265
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 65-0263450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISKIND, SUSAN
170 NW SPANISH TRAIL BLVD
SUITE # 4
BOCA RATON, FL 33431 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SISKIND, SUSAN
Address: P.O. BOX 265
City-St-Zip: BOCA RATON, FL 33429

Title: D () Delete
Name: SISKIND, RICHARD
Address: P.O. BOX 265
City-St-Zip: BOCA RATON, FL 33429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN SISKIND

P

05/31/2008

Electronic Signature of Signing Officer or Director

Date