2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 05, 2005 8:00 am Secretary of State **DOCUMENT # P96000035765** 04-05-2005 90051 040 ***150.00 1. Entity Name PROFIT CONSULTANTS, INC. Principal Place of Business Mailing Address P.O BOX 292093 112 4TH AVE 3 SOUTH TAMPA, FL 33687 PASS-A-GRILL, FL 33706-4203 03312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3374981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired-6. Name and Address of Current Registered Agent SAMUEL, JOHN DO NOT WRITE THE PERSON NAMED IN 3 SOUTH IN THIS SPACE PASS-A-GRILL, FL 33706 8. The above named entity submits this statement for the purpose of offanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signeture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DILE NAME SAMUEL, JOHN 3 SOUTH 112 4TH AVE STREET ADDRESS CITY-ST-ZIP PASS-A-GRILL, FL 33706 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 phort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address TOHN SAMUEL SIGNATURE:

FILED