


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90062 050 ***550.00

| | | | | | |
|---|---|------------------------------------|---|---|---|
| DOCUMENT # P96000035765 1. Entity Name PROFIT CONSULTANTS, INC. | | | |  | |
| Principal Place of Business 112 4TH AVE 3 SOUTH PASS-A-GRILL, FL 33706-4203 | | | Mailing Address P.O BOX 292093 TAMPA, FL 33687 | | |
| 2. Principal Place of Business - No P.O. Box # 126 MAPLE CREST DR | | | 3. Mailing Address PO Box 243 | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State ONALASKA, WA | | City & State SAL KUM, WA | | 4. FEI Number 59-3374981 | |
| Zip 98570 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 98582 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SAMUEL, JOHN 122 4TH AVE 3 SOUTH PASS-A-GRILL, FL 33706 | | | | 7. Name and Address of New Registered Agent Name JOHN SAMUEL Street Address (P.O. Box Number is Not Acceptable) 1620 PARK AVE City S.T. PETERSBURG FL Zip Code 33710 | |
| 8. 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. SIGNATURE <u><i>John Samuel</i></u> JOHN SAMUEL <u>July 25, 2007</u> <small>Signature, typed or printed name of registered agent and title if not a sole (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS SAMUEL, JOHN 3 SOUTH 112 4TH AVE PASS-A-GRILL, FL 33706 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS JOHN SAMUEL 126 MAPLE CREST DR. ONALASKA, WA-98570 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 with an address with all other like empowered. | | | | | |
| SIGNATURE: <u><i>John Samuel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>July 25, 2007</u> (813) 601-6306 <small>Date Daytime Phone #</small> | | |

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