



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90316 013 ***158.75

DOCUMENT # P97000014360 1. Entity Name BRYAN ASHLEY CONSULTING, INC.					
Principal Place of Business 1704 PARK CENTRAL BLVD N POMPANO BEACH FL 33064 US				Mailing Address 1704 PARK CENTRAL BLVD N POMPANO BEACH FL 33064 US	
2. Principal Place of Business 1704 Park Central Blvd North		3. Mailing Address 1704 Park Central Blvd North			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		1st MOORE CR2E034 (10/04)	
City & State Pompano Beach FL		City & State Pompano Beach FL		4. FEI Number NO-T APPLICABLE <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33064		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISACKSON, JERRY 1704 PARK CENTRAL BLVD N POMPANO BEACH FL 33064				7. Name and Address of New Registered Agent Name Jerry Isackson Street Address (P.O. Box Number is Not Acceptable) 1704 Park Central Blvd North City Pompano Beach FL FL Zip Code 33064	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISACKSON, JERRY 1704 PARK CENTRAL BLVD N POMPANO BEACH FL 33064 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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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	
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 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: _____ 4/21/05 954-351-1199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					