2005 FOR PROFIT CORPORATION

Apr 15, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P97000104631 04-15-2005 90091 010 ***150.00 J.C. BERTRAND CONSULTANTS, INC. Principal Place of Business Mailing Address 7315 WINDEMERE LANE 7315 WINDEMERE LANE UNIVERSITY PARK, FL 34201 UNIVERSITY PARK, FL 34201 04042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0799273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARTLETT, CHARLES J DO NOT WRITE 2033 MAIN STREET, STE. 600 SARASOTA, FL 34237 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHARLEBOIS-BERTRAND, JACQUELINE 7315 WINDEMERE LANE STREET ADDRESS UNIVERSITY PARK, FL 34201 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED