

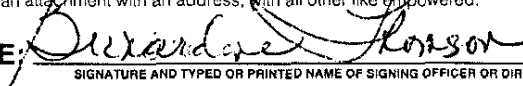


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90008 021 \*\*\*150.00

<b>DOCUMENT # P98000013402</b> 1. Entity Name <b>B. THOMSON CONSULTING CORP.</b>					
Principal Place of Business <b>14650 N BECKLEY SQUARE DAVIE, FL 33325</b>				Mailing Address <b>14650 N BECKLEY SQUARE DAVIE, FL 33325</b>	
2. Principal Place of Business <b>4896 SW 100 Street</b>		3. Mailing Address <b>4896 SW 100 ST</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>DAVIE FL</b>		City & State <b>DAVIE FL</b>			
Zip <b>34476</b>		Country <b>USA</b>		03252004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-0914139</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>THOMSON, BERNANDINE 14650 N BECKLEY SQUARE DAVIE, FL 33325</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4896 SW 100 STREET</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>34476</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>THOMSON, BERNANDINE</b> <b>14650 N BECKLEY SQUARE</b> <b>DAVIE, FL 33325</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NATOLI, FRANK</b> <b>14650 N BECKLEY SQUARE</b> <b>DAVIE, FL 33325</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4896 SW 100 ST</b> <b>DAVIE FL 34476</b>	
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 <b>4896 SW 100 ST</b> <b>DAVIE FL 34476</b>	
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	
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	
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>BERNARDINE THOMSON</b>			Date <b>4-12-04</b> Daytime Phone # <b>954-970-0330</b>		