2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

CITY-ST-ZIP TITLE

Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # P98000017116** 03-07-2005 90260 045 ***150 00 CONSULT-SOFT INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 40047036 1500 COLONIAL BOULEVARD 1318 LAFAYETTE ST. SUITE 103 CAPE CORAL, FL 33904 US FORT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0830573 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE ST. CAPE CORAL, FL 339043 City Zip Code 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: Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII-FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **⊠** Delete TITLE TITLE Addition RETTER, OTTO: NAME NAME SCHWARZENBERG STR. 16B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 58840 PLETTENBERG GERMANY, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DOHRN, DANIEL NAME NAME STREET ADDRESS **AM SPIELPLATZ 29** STREET ADDRESS 53117 BONN GERMANY, CITY-ST-7IP City, ST-7IP Delete TITLE ☐ Addition TITLE ☐ Change HILL, THOMAS W NAME NAME STREET ADDRESS STREET ADDRESS 1318 LAFAYETTE ST. CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Dohrn, Alexander STREET ADDRESS STREET ADDRESS Am Spielplatz 29 CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY+ST-7IP

STREET ADDRESS

CITY-ST-ZIP

53117 Bonn / Germany

☐ Change

☐ Change

☐ Addition

☐ Addition

SIGNATURE: Ulanua WHIII	Thomas W. Hill	3/1/05	239-549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

☐ Delete

☐ Delete