2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028021

Entity Name: AMUSEMENT INDUSTRY CONSULTING, INC.

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 691361 ORLANDO, FL 328691361			P.O. BOX 691361 ORLANDO, FL 32869	P.O. BOX 691361 ORLANDO, FL 328691361 US	
Current Mailing Address:			New Mailing Address:		
P.O. BOX ORLAND(691361 D, FL 32869136	1			
FEI Number: 59-3501346 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SUITE 400 ORLANDO	TH ÓRANGE AV)), FL 32801233	5 US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ALDRICH, WILL P.O. BOX 69136 ORLANDO, FL 3	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ALDRICH, LORE P.O. BOX 69136 ORLANDO, FL 3	1	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J ALDRICH D 01/17/2005