

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000080242

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** ELYSIAN CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

448 CLARK HILL  
NEW BOSTON, NH 03070

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 597  
NEW BOSTON, NH 03070

**New Mailing Address:**

**FEI Number:** 65-0867487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF DAVID M. PICCOLO, P.A.  
1738 45TH ST.  
W. PALM BCH, FL 33407 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: BISCEGLIA, THOMAS  
Address: P. O. BOX 597  
City-St-Zip: NEW BOSTON, NH 03070

Title: SD  
Name: BISCEGLIA, ANNA  
Address: P. O. BOX 597  
City-St-Zip: NEW BOSTON, NH 03070

I hereby 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 all other like empowered.

SIGNATURE: THOMAS BISCEGLIA

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04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date