

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097983

Entity Name: CONSULTEK, INC.

FILED  
Jan 05, 2005  
Secretary of State

## Current Principal Place of Business:

8041 BERMUDA POINT LANE  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

8041 BERMUDA POINT LANE  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 65-0877765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, ELVA  
8041 BERMUDA POINT LANE  
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALLACE, EWA  
Address: 8041 BERMUDA POINT LANE  
City-St-Zip: DAVIE, FL 33328

Title: TD ( ) Delete  
Name: WALLACE, TONY  
Address: 8041 BERMUDA POINT LANE  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TONY WALLACE

TD

01/05/2005

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

\_\_\_\_\_  
Date