2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083216

Current Mailing Address:

Entity Name: NFP CONSULTING RESOURCES, INC.

FILED Apr 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1690 STARLING DRIVE 5410 EAGLES POINT CIRCLE SARASOTA, FL 34231 SARASOTA, FL 34231

1690 STARLING DRIVE 5410 EAGLES POINT CIRCLE SARASOTA, FL 34231 SARASOTA, FL 34231

FEI Number: 65-0952958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

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

OLSHANSKY, NORMAN
1690 STARLING DRIVE
SARASOTA, FL 34231

OLSHANSKY, NORMAN
5410 EAGLES POINT CIRCLE
SARASOTA, FL 34231

SARASOTA, FL 34231

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: 04/24/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition OLSHANSKY, NORMAN OLSHANSKY, NORMAN Name: Name: 1690 STARLING DRIVE Address: 5410 EAGLES POINT CIRCLE Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231

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: NORMAN OLSHANSKY MR. 04/24/2004