## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107840

Entity Name: MILLCREEK CONSULTANTS, INC.

**FILED** Mar 13, 2009 Secretary of State

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

100 EDGEWATER DR., APT. 230 1450 MADRUGA AVENUE CORAL GABLES, FL 33133

SUITE 400

CORAL GABLES, FL 33146

**Current Mailing Address: New Mailing Address:** 

3125 JACKSON AVE COCONUT GRACE, FL 33133

FEI Number: 65-0970199 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROUSE, THOMAS C 100 EDGEWATER DR., APT. 230 CORAL GABLES, FL 33133

ROUSE, THOMAS C 1450 MÁDRUGA AVENUE SUITE 400 CORAL GABLES, FL 33146 US

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: 03/13/2009

> 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

ROUSE, THOMAS C ROUSE, THOMAS C Name: Name:

100 EDGEWATER DR., APT. 230 Address: 9020 SW 125TH STREET, APT. F209 Address:

City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS C. ROUSE 03/13/2009 D