

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90363 021 ***150.00

DOCUMENT # S88297 1. Entity Name BUSINESS MANAGEMENT CONSULTANTS INC.					
Principal Place of Business 7009 PINETREE LN WEST PALM BEACH, FL 33406		Mailing Address 7009 PINETREE LN WEST PALM BEACH, FL 33406			
2. Principal Place of Business 3103 GRANDIFLORA DR.		3. Mailing Address 3103 GRANDIFLORA DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE WORTH FL.		City & State LAKE WORTH FL.			
Zip 33467		Zip 33467			
Country Palm Beach		Country Palm Beach			
4. FCI Number 65-0292208		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEE, SHARON E. 7009 PINETREE LN WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3103 GRANDIFLORA DR. City LAKE WORTH FL Zip Code 33467			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Sharon E. Lee</u> DATE _____ (Print or type name of registered agent, and if applicable, the name of the entity, and the name of the registered agent)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☐ Addition 3103 GRANDIFLORA DR. LAKE WORTH FL. 33467 ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☐ Addition 3103 GRANDIFLORA DR. LAKE WORTH FL. 33467 ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☐ Addition 3103 GRANDIFLORA DR. LAKE WORTH FL. 33467 ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report, or supplemental report, is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.					
SIGNATURE: <u>Sharon E. Lee</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/20/05</u> Typed Name of Officer or Director			