


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # F0000002230</b> 1. Entity Name <b>THE RETAIL CONSULTING GROUP, INC.</b>		
Principal Place of Business <b>721 US HWY 1 VERO BEACH FL 32962</b>	Mailing Address <b>% MORTON B. BROWN 3825 8TH PL. VERO BEACH FL 32960</b>	
2. Principal Place of Business  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip

**FILED 07**  
**Mar 05 2004 08:00 AM**  
*Secretary of State*



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>BROWN, MORTON % CINDY'S 721 US HWY 1 VERO BEACH FL 32962</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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**B.** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>BROWN, MORTON B</b> <b>3825 8TH PL.</b> <b>VERO BEACH FL 32960</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>U00000077780</b> <b>03/05/04-80053-020 150.00</b>
TITLE <b>ST</b>	<input type="checkbox"/> Delete <b>BROWN, RUTH E</b> <b>3825 8TH PL.</b> <b>VERO BEACH FL 32960</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**12.** I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered

SIGNATURE: *Morton B. Brown* Date: 3/04/04 Daytime Phone #: 772-567-6885