


**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90069 036 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # F96000003089**

1. Entity Name  
 ENGEL CONSULTING, INC.



24007615



01072004 Chg-P CR2E034 (10/03)

Principal Place of Business 250 E. ILLINOIS ROAD LAKE FOREST, IL 60045 US		Mailing Address 250 E. ILLINOIS ROAD LAKE FOREST, IL 60045 US	
2. Principal Place of Business 900 North Shore Drive Suite, Apt. #, etc. Suite # 280 City & State Lake Bluff, IL Zip 60044 Country United States		3. Mailing Address 900 North Shore Drive Suite, Apt. #, etc. Suite # 280 City & State Lake Bluff, IL Zip 60044 Country United States	

4. FEI Number 36-3800037	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENGEL, RONALD K 5433 TWIN CREEKS DR. VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Ronald K. Engel Ronald K. Engel  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST ENGEL, ANDRE L 187 N. RIDGE ROAD LAKE FOREST, IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ENGEL, PAMELA T 187 N. RIDGE ROAD LAKE FOREST, IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Andre L. Engel Andre L. Engel 847-295-8226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #