

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# N03000010516

Entity Name: FPC CONSULTING GROUP, INC.

**Current Principal Place of Business:**

502 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

502 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 59-3267382      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RUBIN, MICHAEL L  
502 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MCDONALD, DAVID  
Address: 300 TAMPA BAY WAY  
City-St-Zip: PALMETTO, FL 34221

Title: D      ( ) Delete  
Name: WAINIO, RICHARD  
Address: 1101 CHANNELSIDE DRIVE  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. RUBIN

RA

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date