


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010516 1. Entity Name FPC CONSULTING GROUP, INC.	
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Principal Place of Business 502 EAST JEFFERSON STREET TALLAHASSEE, FL 32301	Mailing Address 502 EAST JEFFERSON STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3267382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, DAVID 300 TAMPA BAY WAY PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINIO, RICHARD 1101 CHANNELSIDE DRIVE TAMPA, FL 33602
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05/27/08-80051-006 183.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. LaCapra John R. LaCapra 2/22/08 850-222-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #