2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 24, 2008 08:00 AN Secretary of State

ANNUAL REPORT				h.~	, 2000 00:0	
DOCUMENT # P06000039881				Secretary of Sta		
1. Entity Nam MARK G	ROSS CONSULTING, INC					
Principal Plac	e of Business	Mailing Address	(0 m)			
290 2ND ST		290 2ND ST WEST				
	DE, FL 33715	TIERRA VERDE, FL. 33715				
			1945			
DO NOT WRITE IN THIS SPACE			^E	04102008 No Chg-P CR2I	E034 (11/05)	
DO NOT WRITE IN THIS SPAC				4. FEI Number	Applied For	
				20-4526406	Not Applicable \$8.75 Additional	
			:	5. Certificate of Status Desired	Fee Required	
<i></i> -	6. Name and Address of Current Re	gistered`Agent			4. 40. 200 A.	
HASTING, DAVID C			1, 14,	DO NOT WRIT	=	
2207 54TH ST S GULFPORT, FL 33707						
00EFF 01(1, FE 35707				IN THIS SPAC	E	
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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE						
	Signature, typed or printed name of registered agent and	trie ir applicable. (NOTE: Hegistere	d Agent signature required	(when reinstating) DATE	···· •• · · · · · · · · · · · · · · · ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND DI	RECTORS				
TITLE NAME	DPST GROSS, MARK					
STREET ADDRESS	290 2ND ST WEST					
CITY-ST-ZIP	TIERRA VERDE, FL 33715				871800 PASSAN	
TITLE				05/14/08-8000	11-010-150.00	
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP				DO NOT WRIT	Έ	
TITLE				IN THIS SPAC		
NAME					- ; .	
STREET ADDRESS CITY-ST-ZIP			. ·			
TITLE						
NAME			1.1			
STREET ADDRESS						
CITY-ST-ZIP TITLE						
NAME					克莱克 医多轮扑	
STREET ADDRESS						
CITY-ST-ZIP			in the state of th		++	
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 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.						

4/22/0r

Daytime Phone #