


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000002895  
 1. Entity Name  
 FEDERATED CONSULTING, INC.



Principal Place of Business      Mailing Address  
 12794 TOUCHSTONE PLACE      12794 TOUCHSTONE PLACE  
 PALM BEACH GARDENS, FL 33418      PALM BEACH GARDENS, FL 33418

**DO NOT WRITE IN THIS SPACE**



03162005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 30-0074222      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BERNSTEIN, ROGER M  
 69 MERRICK WAY, SUITE #201  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERNSTEIN, JORDAN
STREET ADDRESS	12794 TOUCHSTONE PLACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	SD
NAME	BERNSTEIN, SANDRA
STREET ADDRESS	12794 TOUCHSTONE PLACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000331363  
 04/26/05-80014-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jordan Bernstein      4/21/05    561 351 2025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

JORDAN BERNSTEIN