2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094221

Entity Name: MP CONSULTING GROUP, INC.

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1290 WESTON ROAD 18501 PINES BLVD. SUITE 306 SUITE 201

WESTON, FL 33326 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

1525 BARCELONA WAY 598 SPINNAKER WESTON, FL 33327 WESTON, FL 33326

FEI Number: 20-3106274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GBS CONSULTANTS
1290 WESTON ROAD
SUITE 306
GBS CONSULTANTS
18501 PINES BLVD.
SUITE 201

WESTON, FL 33326 US PEMBROKE PINES, FL 33029 US

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: 04/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 LOZADA, ROGELIO
 Name:
 LOZADA, ROGELIO

 Address:
 1290 WESTON ROAD #306
 Address:
 18501 PINES BLVD. SUITE 201

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: VTD () Delete Title: VTD (X) Change () Addition

Name: MAYZ, ALICIA Name: MAYZ, ALICIA

 Address:
 1290 WESTON ROAD #306
 Address:
 18501 PINES BLVD. SUITE 201

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA MAYZ VTD 04/02/2007