

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000061435

**Entity Name:** WPS CONSULTING, INC.**Current Principal Place of Business:**1287 E NEWPORT CENTER DR  
SUITE 206  
DEERFIELD BEACH, FL 33442**Current Mailing Address:**1287 E NEWPORT CENTER DR  
SUITE 206  
DEERFIELD BEACH, FL 33442**FEI Number:** 43-1963640**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OGC ASSOCIATES PA  
244 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | VP                                    |
| Name            | SANDER, JOSE L                        |
| Address         | 1287 E NEWPORT CENTER DR<br>SUITE 206 |
| City-State-Zip: | DEERFIELD BEACH FL 33442              |

|                 |                               |
|-----------------|-------------------------------|
| Title           | P                             |
| Name            | SEGANTINE, JANE               |
| Address         | 1287 E NEWPORT CENTER DR #206 |
| City-State-Zip: | DEERFIELD BEACH FL 33442      |

|                 |                               |
|-----------------|-------------------------------|
| Title           | VP                            |
| Name            | SEGANTINE, JAIME              |
| Address         | 1287 E NEWPORT CENTER DR #206 |
| City-State-Zip: | DEERFIELD BEACH FL 33442      |

*I hereby 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 all other like empowered.*

**SIGNATURE:** JANE SEGANTINE

P

04/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date