

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349153

FILED
May 02, 2005
Secretary of State

Entity Name: DEFERRED COMPENSATION CONSULTANTS, INC.

Current Principal Place of Business:

19195 HYSTIC POINTE DR., #903
MIAMI, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330050
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 59-1266824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WECHSLER, L. G.
19195 HYSTIC POINTE DR., #903
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: WECHSLER, LOUIS G.
Address: 19195 MYSTIC POINTE DR., APT 903
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: WECHSLER, MICHAEL H
Address: 119 BARBARA AVE
City-St-Zip: SAN ANSELMO, CA 94960 US

Title: SEC () Delete
Name: WECHSLER, JEFFREY R
Address: 250 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156 US

Title: TR () Delete
Name: WECHSLER, JOSHUA
Address: 666 GREENWHICH ST #606
City-St-Zip: NEW YORK CITY, NY 10014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WECHSLER, LOUIS G.
Address: 19195 MYSTIC POINTE DR., APT 903
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: WECHSLER, JOSHUA
Address: 666 GREENWHICH ST #606
City-St-Zip: NEW YORK CITY, NY 10014 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS G. WECHSLER

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

Date