


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 349153	
1. Entity Name DEFERRED COMPENSATION CONSULTANTS, INC.	

Principal Place of Business 19195 MYSTIC POINTE DR., #903 MIAMI, FL 33180 US	Mailing Address P.O. BOX 330050 COCONUT GROVE, FL 33133 US
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03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1266824	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WECHSLER, L. G. 19195 MYSTIC POINTE DR., #903 MIAMI, FL 33180

**DO NOT WRITE
IN THIS SPACE**

6. 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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	PRES
NAME	WECHSLER, LOUIS G
STREET ADDRESS	19195 MYSTIC POINTE DR., APT 903
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VP
NAME	WECHSLER, MICHAEL H
STREET ADDRESS	119 BARBARA AVE
CITY-ST-ZIP	SAN ANSELMO, CA 94960
TITLE	SEC
NAME	WECHSLER, JEFFREY R
STREET ADDRESS	250 LEUCADENORA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	TRES
NAME	WECHSLER, JOSHUA
STREET ADDRESS	868 GREENWICH ST #608
CITY-ST-ZIP	NEW YORK CITY, NY 10014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10/11/04 (2805)
03/20/06-80008-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: LOUIS G. WECHSLER **PRES** 3/16/08 305-682-8964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #