

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349153

FILED  
Apr 03, 2007  
Secretary of State

**Entity Name:** DEFERRED COMPENSATION CONSULTANTS, INC.

**Current Principal Place of Business:**

19101 MYSTIC POINTE DR.  
LPH 06  
AVENTURA, 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.  
19101 MYSTIC POINTE DR.  
LPH 06  
AVENTURA, 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: WECHSLER, LOUIS G.  
Address: 19101 MYSTIC POINTE DR. LPH 06  
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: TRES ( ) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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:** LOUIS G. WECHSLER

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

Date