2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
05-22-2008 90014 014 ***150.00

DOCUMENT # 349153

1. Entity Name
DEFERRED COMPENSATION CONSULTANTS, INC.

60043187

Principal Place of Business	Mailing Address
19101 MYSTIC POINTE DR. LPH 06 AVENTURA, FL 33180 US	P.O. BOX 330050 COCONUT GROVE, FL 33133 US

04302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
529 S. FLAGLER DR	
Suite, Apt. #, etc.: APT 7E/F	Suite, Apt. #, etc.
City & State: W. PALM BEACH	City & State
Zip: 33401 Country: USA	Zip Country

4. FEI Number: 59-1266824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WECHSLER, L. G. 19101 MYSTIC POINTE DR. LPH 06 AVENTURA, FL 33180	Name: WECHSLER, L. G. Street Address (P.O. Box Number is Not Acceptable): 529 S. FLAGLER DR APT 7E/F City: W. PALM BEACH FL Zip Code: 33401

8. 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] 4-30-08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES WECHSLER,LOUIS G 19101 MYSTIC POINTE DR. LPH 06 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WECHSLER, MICHAEL H 119 BARBARA AVE SAN ANSELMO, CA 94960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC WECHSLER, JEFFREY R 250 LEUCADENDRA DRIVE CORAL GABLES, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES WECHSLER, JOSHUA 666 GREENWHICH ST #606 NEW YORK CITY, NY 10014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES SUSAN M. LEHRMAN 529 S. FLAGLER DR APT 7E/F W. PALM BEACH FL 33401	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] LOUIS G. WECHSLER 4-30-08 305-632-0963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #