## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001637

Entity Name: MTG CONSULTANTS, INC

KYLES, CHINEITHA

323 SAWTEL AVENUE

ATLANTA, GA 30315

Name:

Address:

City-St-Zip:

FILED Apr 12, 2007 Secretary of State

		140021741410, 1140.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	CADE OVERL , GA 30331	00К			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX RIVIERA E	#9451 BEACH, FL 33	419 US	1561 14TH STREET RIVIERA BEACH, FI		
FEI Number	: 58-2511323	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
PALMER, P.O. BOX RIVIERA E		419 US	PALMER, LINDA 1561 14TH STREET RIVIERA BEACH, FI		
	e named entity e of Florida.	submits this statement for the	e purpose of changing its register	red office or registered agent, or both,	
SIGNATUI	RE:			04/12/2007	
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( MITCHELL, RE 5010 CASCAD ATLANTA, GA	E OVERLOOK	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( LA-VAUGHN-S' 1561 14TH STI RIVIERA BEAC	REET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( THOMAS, GAIL 2180 1ST AVE MORROW, GA	NUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	Т (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LA-VAUGHN STARKS LS 04/12/2007