

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006355	
1. Entity Name ROBERTS CONSULTING GROUP, INC.	
Principal Place of Business 41905 BOARDWALK, SUITE T-345 PALM DESERT, CA 92211	Mailing Address 41905 BOARDWALK, SUITE T-345 PALM DESERT, CA 92211



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1053755	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARLTON, ROGER M 200 SO. BISCAYNE BLVD., SUITE 1080 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV ROBERTS, NORMAN 41905 BOARDWALK, SUITE T-345 PALM DESERT, CA 92211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC ROBERTS, VALERIE 41905 BOARDWALK, SUITE T-345 PALM DESERT, CA 92211
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<p>000000303243 04/13/05-80105-007 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Valerie Roberts* **VALERIE ROBERTS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **4/8/05 (760) 200-4343**
Date Daytime Phone #