2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000002917

1. Entity Name
MACDONALD CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
1100 JOHNSON FERRY ROAD SUITE 450 ATLANTA, GA 30342	1100 JOHNSON FERRY ROAD SUITE 450 ATLANTA, GA 30342

DO NOT WRITE IN THIS SPACE

04302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
58-1914443	Not Applicable

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

6. Name and Address of Current Registered Agent

AUGELLO, MICHAEL A
12643 RACE TRACK RD
TAMPA, FL 33626

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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, 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, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MENTER, RUTH
STREET ADDRESS	1100 JOHNSON FERRY RD, STE 450
CITY-ST-ZIP	ATLANTA, GA 30342

TITLE	VP
NAME	HOAD, NICHOLAS
STREET ADDRESS	1100 JOHNSON FERRY RD., STE 450
CITY-ST-ZIP	ATLANTA, GA 30342

TITLE	D
NAME	AUGELLO, MICHAEL
STREET ADDRESS	12643 RACE TRACK RD
CITY-ST-ZIP	TAMPA, FL 33626

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/07-80010-006 150.00

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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: _____ Director 4/30/07   813 854 3388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #