2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# F05000006628

Entity Name: MCS CONSULTING, INC OF GEORGIA

Current Principal Place of Business:

195 MAKARIOS DRIVE UNIT #7
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

1957 MAKARIOS DRIVE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

195 MAKARIOS DRIVE UNIT #7
ST. AUGUSTINE, FL 32080

New Mailing Address:

1957 MAKARIOS DRIVE
ST. AUGUSTINE, FL 32080

FEI Number: 58-2482919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDS, CLARENCE A
195 MAKARIOS DRIVE UNIT #7
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

SANDS, CLARENCE A
1957 MAKARIOS DRIVE
ST. AUGUSTINE, FL 32080 US

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: 01/04/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CVP ( ) Delete
Name: SANDS, CLARENCE A
Address: 195 MAKARIOS DRIVE UNIT #7
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DP ( ) Delete
Name: SANDS, MARCEY W
Address: 195 MAKARIOS DRIVE UNIT #7
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVP (X) Change ( ) Addition
Name: SANDS, CLARENCE A
Address: 1957 MAKARIOS DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DP (X) Change ( ) Addition
Name: SANDS, MARCEY W
Address: 1957 MAKARIOS DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: CLARENCE A. SANDS CVP 01/04/2007
Electronic Signature of Signing Officer or Director — Date