

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001232

FILED
Apr 28, 2010
Secretary of State

Entity Name: FORD TALENT GROUP, INC.

Current Principal Place of Business:

1665 WASHINGTON AVENUE
3RD FLOOR
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

111 FIFTH AVENUE
9 FL
NEW YORK, NY 10003

New Mailing Address:

FEI Number: 06-1185749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: ALIEV, GUERMAN
Address: 111 FIFTH AVENUE, 9 FL
City-St-Zip: NEW YORK, NY 10003

Title: D
Name: NARULA, PRABHKIRAT
Address: 111 FIFTH AVENUE, 9 FL
City-St-Zip: NEW YORK, NY 10003

Title: CFO
Name: GEISENHEIMER, JEFFREY
Address: 111 FIFTH AVENUE, 9 FL
City-St-Zip: NEW YORK, NY 10003

Title: D
Name: FORD, MARY KATHERINE
Address: 111 FIFTH AVENUE, 9 FL
City-St-Zip: NEW YORK, NY 10003

Title: D
Name: CAPLAN, JOHN
Address: 111 FIFTH AVENUE, 9 FL
City-St-Zip: NEW YORK, NY 10003

Title: S
Name: SMALL, DOREEN
Address: 111 FIFTH AVENUE, 9 FL
City-St-Zip: NEW YORK, NY 10003

I hereby 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 all other like empowered.

SIGNATURE: JEFF GEISENHEIMER

CFO

04/28/2010

Electronic Signature of Signing Officer or Director

_____ Date