


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -5 PM 2:48

DOCUMENT # F96000004760 1. Entity Name KALUDIS CONSULTING GROUP, INC.	
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Principal Place of Business 1919 M STREET, N.W. SUITE 440 WASHINGTON, DC 20036	Mailing Address 1919 M STREET, N.W. SUITE 440 WASHINGTON, DC 20036
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REINSTATEMENT 05-06



2. Principal Place of Business 1710 Rhode Island Av. NW Suite, Apt. #, etc. Suite 400	3. Mailing Address 1710 Rhode Island Ave. NW Suite, Apt. #, etc. Suite 400
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02012006 REIN-P CR2E098 (11/05)

City & State Washington DC	City & State Washington D.C		
Zip 20036	Country USA	Zip 20036	Country USA

4. FEI Number 62-1654053	Applied For Not Applicable
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  **Mary Lou Mulkeen**
 Assistant Secretary 3/23/06
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD KALUDIS, GEORGE <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1019 M STREET, N.W., STE 440	NAME	1710 Rhode Island Av. NW, Suite 400
CITY-ST-ZIP	WASHINGTON, DC 20036	STREET ADDRESS	Washington DC 20036
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SV COHEN, BARRY M <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1010 M STREET, N.W., SUITE 440	NAME	1710 Rhode Island Av. NW, Suite 400
CITY-ST-ZIP	WASHINGTON, DC 20036	STREET ADDRESS	Washington, D.C. 20036
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	700070448487
STREET ADDRESS		STREET ADDRESS	04/14/06--01028--022 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	700070448487
STREET ADDRESS		STREET ADDRESS	04/14/06--01028--023 **750.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  2/1/06 202-331-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #