


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90024 011 \*\*\*550.00

**DOCUMENT # F96000004760**

1. Entity Name  
**KALUDIS CONSULTING GROUP, INC.**



Principal Place of Business  
 1710 RHODE ISLAND AVENUE N.W., STE 40  
 WASHINGTON DC 20036

Mailing Address  
 1710 RHODE ISLAND AVENUE N.W., STE 40  
 WASHINGTON DC 20036



2. Principal Place of Business - No P.O. Box #  
**1730 M Street, NW**  
 Suite, Apt. #, etc.  
**Suite 600**

3. Mailing Address  
**1730 M Street, NW**  
 Suite, Apt. #, etc.  
**Suite 600**

2nd MOORE CR2E034 (4/07)

City & State  
**Washington, DC**

City & State  
**Washington, DC**

Zip  
**20036**

Country  
**USA**

Zip  
**20036**

Country  
**USA**

4. FEI Number **62-1654053**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

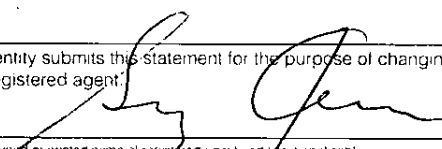
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  DATE **8/20/07**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 5, 2007**  
**Make Check Payable to Florida Department of State.**

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

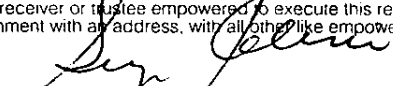
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KALUDIS, GEORGE 1710 RHODE ISLAND AVENUE N.W., STE 400 WASHINGTON DC 20036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV COHEN, BARRY M 1710 RHODE ISLAND AVENUE N.W., STE 400 WASHINGTON DC 20036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1730 M Street, NW, Ste 600	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1730 M Street, NW, Ste 600	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **8/17/07**

**GEORGE KALUDIS**  
**CITIZIAN AND PRESIDENT 202-349-3631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR