


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90111 043 \*\*\*150.00

<b>DOCUMENT # H04491</b>		
1. Entity Name TALLAHASSEE CONSULTING GROUP, INC.		

Principal Place of Business 2411 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 US	Mailing Address 2411 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 US
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4008108Z



2. Principal Place of Business - No P.O. Box # 100 W. Cypress Creek Road Suite, Apt. #, etc. Suite 700 City & State Fort Lauderdale Zip 33309 Country US	3. Mailing Address 100 W. Cypress Creek Road Suite, Apt. #, etc. Suite 700 City & State Fort Lauderdale Zip 33309 Country US
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04092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2423309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GELLER, STEVEN A 2411 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	
7. Name and Address of New Registered Agent Name Steven A. Geller Street Address (P.O. Box Number is Not Acceptable) 100 W. Cypress Creek Road Suite 700 City Fort Lauderdale FL Zip Code 33309	

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)

4/22/08  
DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLER, STEVEN A. 2411 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Geller, Steven A. 100 W. Cypress Creek Road, Suite 700 Fort Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08  
Date

954.491-1120  
Daytime Phone #