2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2008 08:00 AM **Secretary of State** DOCUMENT # L45547 1. Entity Name LDG CONSULTANTS, INC. Principal Place of Business Mailing Address % DAVID LEGAULT % DAVID LEGAULT 2938 WEST BAY DRIVE, SUITE A 2938 WEST BAY DRIVE, SUITE A **BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770** 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2990347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEGAULT, DAVID L. DO NOT WRITE 2936 WEST BAY DRIVE STE A IN THIS SPACE LARGO, FL 33770 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees U000000928U72 " After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPS TITLE NAME LEGAULT, DAVID L STREET ADDRESS 439 BLUFFVIEW DRIVE CITY-ST-ZIP BELLEAIR BLUFFS, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME --STREET ADDRESS

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 paper 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 empdwered 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 any address, with all other like empowered.

SIGNATURE: . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP