
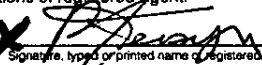
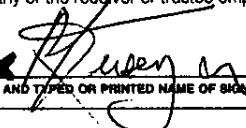


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

02-03-2004 90050 023 \*\*\*\*50.00

<b>DOCUMENT # L98000002364</b>					
1. Entity Name <b>AFFINITY MANAGEMENT CONSULTING GROUP, L.L.C.</b>					
Principal Place of Business <b>737 HUNT CLUB TRAIL PORT ORANGE, FL 32127</b>			Mailing Address <b>P.O. BOX 290092 PORT ORANGE, FL 32129</b>		
2. Principal Place of Business <b>17 WALNUT DR</b>		3. Mailing Address <b>17 WALNUT DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Guelph ONTARIO</b>		City & State <b>Guelph, ONTARIO</b>		4. FEI Number <b>59-3546172</b>	
Zip <b>N1E 6S2</b>		Country <b>CANADA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>N1E 6S2</b>		Country <b>CANADA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EVANS, CLIFFORD 737 HUNT CLUB TRAIL PORT ORANGE, FL 32127</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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:  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERSIGNI, RALPH J 737 HUNT CLUB TRAIL PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS change ONLY 17 WALNUT DR GUELPH, ONTARIO, CANADA N1E 6S2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPLOCK, MICHAEL R 737 HUNT CLUB TRAIL PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS change ONLY 17 WALNUT DR GUELPH, ONTARIO CANADA N1E 6S2	<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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE Daytime Phone #					