


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 036 ****50.00

DOCUMENT # L98000002364

1. Entity Name
AFFINITY MANAGEMENT CONSULTING GROUP, L.L.C.



Principal Place of Business
**17 WALNUT DR.
 GUELPH, ONTARIO, CA n1e-652**

Mailing Address
**17 WALNUT DR.
 GUELPH, ONTARIO, CA n1e-652**

20010487



2. Principal Place of Business
135 QUEEN PLATE DR
 Suite, Apt. #, etc.
400
 City & State
ETOBICOKE ONTARIO

3. Mailing Address
135 QUEEN PLATE DR
 Suite, Apt. #, etc.
400
 City & State
ETOBICOKE ONTARIO

01112005 Chg-LLC CR2E083 (10/03)

Zip
L4L-7K3 Country
CANADA

Zip
L4L-7K3 Country
CANADA

4. FEI Number
59-3546172

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**EVANS, CLIFFORD
 737 HUNT CLUB TRAIL
 PORT ORANGE, FL 32127**

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

Filing Fee is \$50.00 Due by May 1, 2005

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 17 WALNUT DR. GUELPH, ONTARIO, CA n1e652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	135 Queen plate Dr #400 ETOBICOKE ONTARIO CA L4L7K3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPLOCK, MICHAEL R 17 WALNUT DR. GUELPH, ONTARIO, CA n1e652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	135 Queen plate Dr #400 ETOBICOKE ONTARIO CA L4L7K3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ralph Tersigni* **RALPH TERSIGNI** *Feb 9th 2005* 416-5731220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #