2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 A DOCUMENT # P00000024143 **Secretary of State** BECKER CONSULTING GROUP, INC. Principal Place of Business Mailing Address PENINSULA EXECUTIVE CENTER PENINSULA EXECUTIVE CENTER 2385 EXECUTIVE CENTER DR, STE 100 2385 EXECUTIVE CENTER DR, STE-100 BOCA RATON, FL 33431 BOCA RATON, FL 33431 CR2E034 (11/05) 01202007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1006666 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALLINGER, MARTIN R DO NOT WRITE COMPSON FINANCIAL CENTER, STE. 302 980 NORTH FEDERAL HWY IN THIS SPACE BOCA RATON, FL 33432-2704 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. 9. Election Campaign Financing \$5.00 May Be: FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees U00000649188 · · Trust Fund Contribution. 103/07/07-80039-025 OFFICERS AND DIRECTORS 10. **PCEO** IIILE BECKER, FRANK NAME 2385 EXECUTIVE CENTER DR, STE 100 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP IIII F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

oes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director occurs this report as required by Chapter 607; Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE:

TITLE MALE STREET ADDRESS

GOFFICER OR DIRECTOR