2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019680

FILED Apr 20, 2007 Secretary of State

| Entity Nam | ne: HILLARD | CONSULTING GROUP, INC. | | | |
|---|---|----------------------------------|--|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 13191 STARKEY ROAD SUITE 6A LARGO, FL 33773 | | | 13191 STARKEY ROA SUITE 11 LARGO, FL 33773 | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| P.O. BOX 7 SEMINOLE | | | | | |
| FEI Number: | 65-1080006 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| HILLARD, BENJAMIN E DPT 13191 STARKEY RD SUITE 6A LARGO, FL 33773 US | | | 13191 STARKEY RD SUITE 11 | | |
| The above in the State | named entity s of Florida. | ubmits this statement for the pu | rpose of changing its registere | d office or registered agent, or both, | |
| SIGNATURE: | | | | 04/20/2007 | |
| | Electron | c Signature of Registered Ager | t | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DPT () HILLARD, BENJ 11068 91ST TEI SEMINOLE, FL | RRACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS () HILLARD, TAME 11068 91ST TE SEMINOLE, FL | RRACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN HILLARD P 04/20/2007