

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034675

FILED
Feb 24, 2005
Secretary of State

Entity Name: VANDERBILT CONSULTING GROUP, INC.

Current Principal Place of Business:

11983 TAMIAMI TRAIL
SUITE 138
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

11983 TAMIAMI TRAIL
SUITE 138
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-1092292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CECIL, W J
5801 PELICAN BAY BLVD
300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGR () Delete
Name: RECKLEIN, CURTISS B
Address: 11983 TAMIAMI TRAIL NORTH SUITE 138
City-St-Zip: NAPLES, FL 34110 US

Title: MGR () Delete
Name: RECKLEIN, EARLE E DR
Address: 11983 TAMIAMI TRAIL NORTH SUITE 138
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CURTISS B RECKLEIN

MGR

02/24/2005

Electronic Signature of Signing Officer or Director

_____ Date