2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080930

Entity Name: COLONIAL CONSULTANT GROUP, INC.

FILED Apr 30, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

3831 SW 160TH AVE 17120 11TH AVE

#208 MIAMI, FL 33169 US

MIRAMAR, FL 33027 US

Current Mailing Address: New Mailing Address:

MIRAMAR, FL 33027 US

FEI Number: 65-1133332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, LISA L 400 N HIATUS RD 200 JONES, LISA L 17120 NW 11TH AVE MIAMI, FL 33169 US

PEMBROKE PINES, FL 33024 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

City-St-Zip:

Name:

Election Campaign Financing Trust Fund Contribution ().

PEMBROKE PINES, FL 33024 US

DARIUS, ALEXANDERJONES

OFFICERS AND DIRECTORS:

City-St-Zip:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DARIUS, ALEXANDERJONES TRES

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 JONES, LISA L PRES
 Name:
 JONES, LISA L PRES

 Address:
 400 N. HIATUS RD
 Address:
 17120 NW 11TH AVE

 City-St-Zip:
 PEMBROKE PINES, FL 33024 US
 City-St-Zip:
 MIAMI, FL 33169 US

Title: TRES (X) Delete Title: () Change () Addition

Name: JONES, LISA L TRES Name:
Address: 400 N HIATUS RD Address:

Title: VP () Delete Title: () Change () Addition
Name: JONES, APRIL VPRES Name:
Address: 17120 NW 11TH AVE Address:

City-St-Zip: MIAMI, FL 33169 US City-St-Zip:

Title: DIR () Delete Title: TRES (X) Change () Addition

 Address:
 741 ESCHENBURG DR
 Address:
 17120 NW 11TH AVE

 City-St-Zip:
 GILROY, CA 95020 US
 City-St-Zip:
 MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify 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: LISAJONES PRES 04/30/2007