

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080930

FILED
May 01, 2008
Secretary of State

Entity Name: COLONIAL CONSULTANT GROUP, INC.

Current Principal Place of Business:

17120 11TH AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

17120 NW 11TH AVE
MIAMI, FL 33169 US

New Mailing Address:

3401 NORMAN BERRY DR
274
EAST POINT, GA 30344 US

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

Name and Address of Current Registered Agent:

JONES, LISA L
17120 NW 11TH AVE
MIAMI, FL 33169 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JONES, LISA L PRES
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169 US

Title: VP () Delete
Name: JONES, APRIL VPRES
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169 US

Title: TRES () Delete
Name: DARIUS, ALEXANDERJONES TRES
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JONES, LISA L PRES
Address: 8225 EQUINOX LANE
City-St-Zip: FAIRBUN, GA 30213 US

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 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: LISA JONES

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date