

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000002895

1. Entity Name
FEDERATED CONSULTING, INC.



Principal Place of Business
**12794 TOUCHSTONE PLACE
 PALM BEACH GARDENS, FL 33418**

Mailing Address
**12794 TOUCHSTONE PLACE
 PALM BEACH GARDENS, FL 33418**



03232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0074222	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**BERNSTEIN, ROGER M
 69 MERRICK WAY, SUITE #201
 CORAL GABLES, FL 33134**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000886822
 04/18/08-80073-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, JORDAN 12794 TOUCHSTONE PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNSTEIN, SANDRA 12794 TOUCHSTONE PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jordan Bernstein **JORDAN BERNSTEIN** 4/8/08 561 351 7071
Signature and typed or printed name of signing officer or director Date Daytime Phone #