## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 14, 2005 08:00 AM Secretary of State DOCUMENT # P02000048969 1. Entity Name LIBERTY CONSULTING GROUP, INC. Principal Place of Business Mailing Address 14600 HEATHERMERE LANE 14600 HEATHERMERE LANE ORLANDO, FL 32837 ORLANDO, FL 32837 03052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0442002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAILEY, JENNIFER E DO NOT WRITE 390 NORTH ORANGE AVE., STE. 600 ORLANDO, FL 32801 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 *U000000262728* OFFICERS AND DIRECTORS 10. TITLE NAME CHANDRA, SIDDHARTHA 14600 HEATHERMERE LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL. 32837 TITLE CHANDRA, JAYA NAME 14600 HEATHERMERE LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**