2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000079700

FILED May 18, 2005 8:00 am Secretary of State 04-19-2005 90397 030 ***150.00

Principal Finace of Business TOSB LAST GUE BLVD TOSB CAST GUE BLVD TOSB LAST GUE BL	1. Entity Nam MISA CO	NSULTING GROUP, INC.							
Suite. April. 4. etc. Suite. April. 4. etc. Suite. April. 4. etc. City 4. State 4. FEI Number APPILLED FOR LIST OF 10-2038 Applied For Non-Application of State Of Applied For Applied F	709B EAST GULF BLVD. 709B EAST GULF BLVD.				5	,			
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APPLIED FOR SO SO NA Application Spring In the purpose of Country B. Country	Suite, Apt. #, etc. Suite, Apt. #, etc			<u>-</u> .		01112005	Chg-P	CR2E034 (10/0	3)
S. Name and Address of Curront Registered Agent DESROSIERS, SANDRA 7098 EAST GULP BLVD. INDIAN ROCKS BCH, FL 33785 City City FL Zip Code B. The above named enable of the purpose of changing its registered office or registered agent, or both, in the State of Revisite International Systems (Agent International Internati	City & State City & State						FOR 45	-0482338	
DESROSIERS, SANDRA 7098 EAST GULF BLVD. INDIAN ROCKS BCH, FL 33785 B. The above named entury buffs this system from the purpose of changing its registered discs or registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the obligations of registered agent, or both, in the State of Piorida. I am formism with, and accept the state of Piorida. I am formism with, and accept the state of Piorida. I am formism with, and accept the state of Piorida. FILE NOWITH FEE 19 \$150.00	Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired		
DESROSIERS, SANDRA 709B EAST GULF BLVD. INDIAN ROCKS BCH, FL 33785 City FL Zip Code		6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New	Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	DESPOSIERS SANDRA				Name				
B. The above named entity out this is his system fun for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am itemitiae with, and accept the objection of registering of the purpose of registering of registeri	709B EAST GULF BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE: The objection of registring float.		Λ.			City			FL Zip C	ode
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Re Addition Fees* 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Addition Addition ADDITIONS/CHANGES Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES Addition Additi	8. The above the obligat	named entity but his statement to tions of registered agent.	r the purpose of changing its	s register	ed office or register	ed agent, or both,	in the State of F	Florida. I am familiar wi	th, and accept
After May 1, 2005 Fee will be \$350.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE.	Signature, typing or printed name of registered agent	and ide il applicable. (NOI	E: Registere	nd Agent agrupure required	when reinstang)	<u> </u>	<u>ICHO</u>	
ITTLE NAME ODESROSIERS, SANDRA STRETADORSS OTY-S1-2P TITLE ODESROSIERS, MICHEL L SIRET ADORSS OTY-S1-2P TITLE ODERSROSIERS, MICHEL L SIRET ADORSS OTY-S1-2P TITLE ODERSROSIERS OTY-S1-2P TITL						00 May Be	1.1		
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TITLE NAME SIRET ADDRESS CITY-S1-ZP 12. I hereby 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 outh; that I am an officer or director of the corporation or the feceiver or truttee 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 addless, with all batter, like empowered. SIGNATURE: SIGNATURE:	STREET ADDRESS			STRE	ET ADDRESS				
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SIGNATURE: SIGNATURE: Sandra Desco siers 4/14/05 727-709034	12. I hereby of indicated of the corrections of the	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation or an attachment with arraddress to or on an attachment with arraddress.	this filling does not qualify for true and accurate and that re- wered to execute this report with all other like empowered	r the exer ny signal as requi	mption stated in Sec ture shall have the s red by Chapter 607,	tion 119.07(3)(i), l ame legal effect a Florida Statutes;	Florida Statutes s if made under and that my nan	. I further certify that the coath; that I am an offic ne appears in Block 10	information er or director or Block 11 if
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