

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025549

FILED
May 07, 2007
Secretary of State

Entity Name: GMS CONSULTING GROUP, INC.

Current Principal Place of Business:

4970 SW 72ND AVE
SUITE 104, 1ST FLOOR
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4970 SW 72ND AVE
SUITE 104, 1ST FLOOR
MIAMI, FL 33155

New Mailing Address:

FEI Number: 33-1046981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERMANN, LYNN ESQ
1520 NORTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33166 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: D () Delete
Name: MALDONADO, PATRICIA
Address: 260 N.E. 17TH TERRACE, SUITE 200
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: CAVENDISH, STEVE
Address: 100 SW 30TH RD.
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: LUCIEN, REGINALD
Address: 9487 FOREST HILLS CIRCLE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: CROUCH, DAVID D
Address: 1520 N. ROYAL POINCIANA BLVD.
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAVENDISH, STEVE
Address: 4970 SW 72ND AVE, STE 104
City-St-Zip: MIAMI, FL 33155

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: DAVID D CROUCH

D

05/07/2007

Electronic Signature of Signing Officer or Director

_____ Date