


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90058 018 \*\*\*150.00

<b>DOCUMENT # P03000073697</b> 1. Entity Name <b>BUSINESS EVOLUTION CONSULTING GROUP, INC.</b>	
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Principal Place of Business 25 ISLAND DRIVE TREASURE ISLAND, FL 33706	Mailing Address 5401 CENTRAL AVE SAINT PETERSBURG, FL 33710
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01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0086325	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  MCATEE CAROL ACCOUNTING CONSULTANTS 5401 CENTRAL AVENUE ST PETERSBURG, FL 33710 <i>Laura Williams Business Evolution Consulting Inc 25 Island Drive Treasure Island FL 33706</i>	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 <i>Laura Williams</i>	DATE <i>3/29/2008</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, LAURA 25 ISLAND DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WANGLER, MARGARET M 25 ISLAND DRIVE TREASURE ISLAND, FL 33706
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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: <i>Margaret H. Wangler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>4/8/08</i> Daytime Phone # <i>727-360-8089</i>