

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # P03000091608

1. Entity Name

THE EXCHANGE GROUP CONSULTANTS, INC.



Principal Place of Business

10700 NW 66TH STREET  
SUITE #101  
DORAL, FL 33178

Mailing Address

10700 NW 66TH STREET  
SUITE #101  
DORAL, FL 33178



02022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

55-0864553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARVIN, SAMPSON  
10700 NW 66TH STREET  
SUITE #101  
DORAL, FL 33178

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000453135  
03/14/06-80010-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARVIN, SAMPSON
STREET ADDRESS	10700 NW 66TH STREET SUITE 101
CITY-ST-ZIP	DORAL, FL 33178
TITLE	S
NAME	MARVIN, SAMPSON
STREET ADDRESS	10700 NW 66TH STREET SUITE #101
CITY-ST-ZIP	DORAL, FL 33178
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #