2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 07, 2008 08:00 Al Secretary of State **DOCUMENT # P03000091608** THE EXCHANGE GROUP CONSULTANTS, INC. Principal Place of Business Mailing Address 10700 NW 66TH STREET 10700 NW 66TH STREET **SUITE #101 SUITE #101 DORAL, FL 33178 DORAL FL 33178** 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0864553 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARVIN, SAMPSON DO NOT WRITE 10700 NW 66TH STREET **SUITE #101** IN THIS SPACE **DORAL, FL 33178** 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MARVIN, SAMPSON NAME STREET ADDRESS 10700 NW 66TH STREET SUITE 101 CITY-ST-ZIP DORAL, FL 33178 me NAME MARVIN, SAMPSON STREET ADDRESS 10700 NW 66TH STREET SUITE #101 0000000019275 02/15/08-80078-009 150.00 CITY-ST-ZIP **DORAL, FL 33178** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

FILED