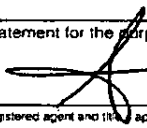
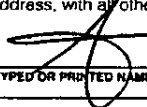


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90227 005 ***150.00

DOCUMENT # P03000107645 1. Entity Name TOLBERT CONSULTING GROUP, INC.					
Principal Place of Business 7836 HAWK CREST LANE OALANDO FL 32818				Mailing Address 7836 HAWK CREST LANE OALANDO FL 32818	
2. Principal Place of Business 18755 Sabal ST. Suite, Apt. #, etc.		3. Mailing Address 18755 Sabal ST. Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 37-1476204	
Zip 32833		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLBERT, WENDY M 7836 HAWK CREST LANE OALANDO FL 32818				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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:  DATE: 1/30/04 Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLBERT, WENDY M 7836 HAWK CREST LANE OALANDO FL 32818	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tolbert, Wendy M. 18755 Sabal ST. Orlando, FL, 32833	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLBERT, SIAFA R 7836 HAWK CREST LANE OALANDO FL 32818	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tolbert, SIAFA R. 18755 Sabal ST. Orlando, FL, 32833	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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 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: 			Date: 1/30/04 Daytime Phone # _____		