2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# P04000016894

Entity Name: BOLTON CONSULTING GROUP, INC.

Current Principal Place of Business:

7922 STEEPLECHASE CT
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

470 DEWARS CT
WINTER SPRINGS, FL 32708

Current Mailing Address:

7922 STEEPLECHASE CT
PORT SAINT LUCIE, FL 34986

New Mailing Address:

470 DEWARS CT.
WINTER SPRINGS, FL 32708

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLTON, BRADFORD W
7922 STEEPLECHASE CT
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

BOLTON, HEID B
470 DEWARS CT.
WINTER SPRINGS, FL 32708 US

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: HEIDI BOLTON 08/31/2009
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: PSTD ( ) Delete
Name: BOLTON, BRADFORD W
Address: 7922 STEEPLECHASE CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: V ( ) Delete
Name: BOLTON, HEIDI B
Address: 7922 STEEPLECHASE CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: BOLTON, HEIDI B
Address: 470 DEWARS CT.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V (X) Change ( ) Addition
Name: BOLTON, BRAD W
Address: 470 DEARS CT.
City-St-Zip: WINTER SPRINGS, FL 32708

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: HEIDI BOLTON PSTD 08/31/2009
Electronic Signature of Signing Officer or Director Date