


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90207 034 ***158.75

DOCUMENT # P04000044043 1. Entity Name COMMUNITY MANAGEMENT CONSULTANT'S GROUP, INC.																																			
Principal Place of Business C/O G. ALEXANDER, CPA P.O. BOX 590 PALM CITY, FL 34991-0590		Mailing Address C/O G. ALEXANDER, CPA P.O. BOX 590 PALM CITY, FL 34991-0590																																	
2. Principal Place of Business 7953 NW 53RD ST.		3. Mailing Address 7953 NW 53RD ST																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State DORAL, FL.		City & State DORAL, FL.																																	
Zip 33166		Zip 33166																																	
Country DADE		Country DADE																																	
4. FEI Number 20-0834802		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent ALEXANDER, CARY D 263 S.W. HATTERAG COURT PALM CITY, FL 34000		7. Name and Address of New Registered Agent Name RACHEL DUGGER Street Address (P.O. Box Number is Not Acceptable) 7953 NW 53RD ST City DORAL FL Zip Code 33166																																	
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 <u><i>Rachel Dugger</i></u> DATE 2/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE P/S NAME HUNT, ROBERT D JR. STREET ADDRESS C/O G. ALEXANDER PO BOX 590 CITY-ST-ZIP PALM CITY, FL 34991-0590 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE P/S NAME HUNT, ROBERT D JR. STREET ADDRESS C/O G. ALEXANDER PO BOX 590 CITY-ST-ZIP PALM CITY, FL 34991-0590	<input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D/PS NAME RACHEL DUGGER STREET ADDRESS 7953 NW 53RD ST CITY-ST-ZIP DORAL, FL 33166 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE D/PS NAME RACHEL DUGGER STREET ADDRESS 7953 NW 53RD ST CITY-ST-ZIP DORAL, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition														
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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: <u><i>Rachel Dugger</i></u> 2/8/05 305-577-0920 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			