## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

NATURE AND TYPED OR

## Jan 25, 2007 8:00 am **Secretary of State** DOCUMENT # P04000065105 1. Entity Name 01-25-2007 90052 043 \*\*\*150.00 EVERGREEN CONSULTING GROUP INC. Principal Place of Business Mailing Address 5302 LADYFINGER LAKE RD 5302 LADYFINGER LAKE RD SANIBEL, FL 33957 SANIBEL, FL 33957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2633° WULFERT RIS WULFERT 1633 Suite, Apt, #, etc. Suite, Apt. #, etc. 01212007 Chg-P CR2E034 (12/06) Çity & State City & State 4. FEI Number Applied For FL SANIBER 20-0983260 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREEN LINDA L. GREEN, LINDA L Street Address (P.O. Box Number is Not Acceptable 5302 LADYFINGER LAKE RD #4 SANIBEL, FL 33957 City SAN, BEL Zip Code 7 کاوکت 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. L. GREEN 1-20-07 SIGNATURE CO sture, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signisture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Delete TITLE GREEN, RICHARD A RICHARD A. GREEN NAME 5302 LADYFINGER LAKE RD RA #4 STREET ADDRESS. 2633 WULFERT SANIAEL FL STREET ADDRESS CITY-ST-7IP SANIBEL, FL 33957 CITY-ST-ZIP 33957 SANIBEL □ Delete FITLE Change ☐ Addition L. GREEN GREEN, LINDA L NAME NAME くいしつ #4 5302 LADYFINGER LAKE RD STREET ADDRESS STREET ADDRESS 2633 WULFERT CITY-ST-7IP SANIBEL, FL 33957 CITY-ST-ZIP SAUIBEL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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 attaching with an address, with all other like empowered. 239 L GREEN 1-20-01 579-0135 LIUSA

FILED