2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085044

Entity Name: S & O CONSULTING GROUP, P.A.

FILED Jan 17, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

100 S.E. 3RD AVENUE 5655 SOUTH UNIVERSITY DR

SUITE 1910 DAVIE, FL 33328 FORT LAUDERDALE, FL 33394

New Mailing Address: Current Mailing Address:

100 S.E. 3RD AVENUE 5655 SO. UNIVERSITY DR

SUITE 1910 DAVIE, FL 33328 FORT LAUDERDALE, FL 33394

FEI Number: 20-1184014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPINK, RODGER L SPINK, RODGER L ESQ 100 S.É. 3RD AVENUE 5655 SO UNIVERSITY DR DAVIE, FL 33328 **SUITE 1910**

FORT LAUDERDALE, FL 33394 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: RODGER L. SPINK 01/17/2007

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

FORT LAUDERDALE, FL 33394

OFFICERS AND DIRECTORS:

City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SPINK, RODGER L SPINK, RODGER L Name: Name: 100 S.E. 3RD AVENUE SUITE 1910 5655 SO. UNIVERSITY DR Address: Address: DAVIE, FL 33328 US

Title: () Delete Title: (X) Change () Addition

OUELLETTE, ADAM J Name: Name: OUELLETTE, ADAM J 100 S.E. 3RD AVENUE SUITE 1910 Address: 5655 SO. UNIVERSITY DR Address: FORT LAUDERDALE, FL 33394 **DAVIE, FL 33328** City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ADAM J OUELLETTE D 01/17/2007