2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # P04000096889 02-16-2005 90026 037 ***150.00 GARNETT CONSULTING GROUP INC. Principal Place of Business Mailing Address 840 BEACH DRIVE NORTHEAST SAINT PETERSBURG FL 33701 840 BEACH DRIVE NORTHEAST SAINT PETERSBURG FL 33701 66005672 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 20-132.0880 Not Applicable 7ip 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 STAN-GARNETT-SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR 2504 SUNSET WAY **MIAMI FL 33145** City PASS-A-GRILLE 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. STON GARRETT PRES IDE SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1: 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Deleta HITE ☐ Change Addition GARNETT, STAN MANE NAME STREET ADDRESS 840 BEACH DRIVE NORTHEAST STREET ADDRESS SAINT PETERSBURG FL 33701 CITY ST. 719 CITY-ST-ZP ☐ Addition RILE Delete HILE GARNETT, BEVERLY J NAME NAME 840 BEACH DRIVE NORTHEAST STREET ADDRESS STREET ADDRESS C114-51-ZIP SAINT PETERSBURG FL 33701 CITY-ST-71P TITLE ☐ Change Addition Delete DITLE NAME JACKSON, ALFRED A NAME STREET ADDRESS 840 BEACH DRIVE NORTHEAST STREET ADDRESS CITY-ST-7P CITY-ST-71P SAINT PETERSBURG FL 33701 TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP □ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-71P HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-51-21P 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.

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Mar 16, 2005 8:00 am