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Jul 05, 2005 8:00 am
Secretary of State
03-02-2005 90069 020 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000119025

1. Entity Name
THE MB CONSULTING GROUP, INC.

moved

Principal Place of Business	Mailing Address
22181 BOCA RANCHO DRIVE SUITE D BOCA RATON, FL 33428	22181 BOCA RANCHO DRIVE SUITE D BOCA RATON, FL 33428

66024131

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5708 NW 82 Ave		5708 NW 82 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tamarac FL		City & State: Tamarac FL	
Zip: 33321	Country: USA	Zip: 33321	Country: USA

4. FEI Number: 14-1913661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROBBINS, RUSSELL M ESQ.~~
~~9690 WEST SAMPLE ROAD~~
~~SUITE 103~~
~~CORAL SPRINGS, FL 33065~~

Helene Rippe →

7. Name and Address of New Registered Agent

Name: Helene Rippe
Street Address (P.O. Box Number is Not Acceptable): 5708 NW 82 Ave
City: Tamarac FL Zip Code: 33321

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: Helene Rippe 6/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIPPE, HELENE A		NAME	
STREET ADDRESS	22181 BOCA RANCHO DRIVE, SUITE D		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	
TITLE	VP/T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIPPE, HERB K		NAME	
STREET ADDRESS	22181 BOCA RANCHO DRIVE, SUITE D		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Helene Rippe - President 2/28/05 954-510-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #