
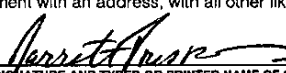


**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**



DOCUMENT # P04000127098						05-05-2005 90085 040 ***150.00	
1. Entity Name MVP CONSULTING, INC.							
Principal Place of Business 5022 SUNSET BLVD. PORT RICHEY, FL 34668				Mailing Address 4532 W. KENNEDY BLVD., #168 TAMPA, FL 33609			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  PRESTON, JARRETT 5022 SUNSET BLVD. PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS							
TITLE		D PRESTON, JARRETT <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4532 SUNSET BLVD.		NAME			
STREET ADDRESS		PORT RICHEY, FL 34668		STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		D COUSINS, JOMO G <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4532 SUNSET BLVD.		NAME			
STREET ADDRESS		PORT RICHEY, FL 34668		STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		D KNOX, KEVIN D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4532 SUNSET BLVD.		NAME			
STREET ADDRESS		PORT RICHEY, FL 34668		STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 				1 May 2005 413-318-2409			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			