


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90021 025 ***158.75

| | |
|--|---|
| DOCUMENT # P04000143548 |  |
| 1. Entity Name CES CONSULTING GROUP, INC. | |

| | |
|--|--|
| Principal Place of Business 1831 SW 7TH AVE C POMPANO BEACH, FL 33060 | Mailing Address 123 BILBOA DRIVE JUPITER, FL 33458 |
|--|--|

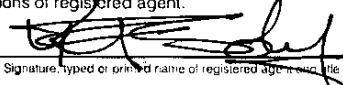
| | |
|---|---------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 5485 Wilks Road | 3. Mailing Address 5485 Wilks Road |
| Suite, Apt. #, etc. Unit 404 | Suite, Apt. #, etc. Unit 404 |
| City & State Coconut Creek, FL | City & State Coconut Creek FL |
| Zip 33073 | Country Broward |



01092008 Chg-P CR2E034 (12/06)

| | |
|---|-------------------------------|
| 4. FEI Number 20-1883222 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SOBY, KARL F 123 BILBOA DR JUPITER, FL 33458 | |
| 7. Name and Address of New Registered Agent Name: Soby, Karl F Street Address (P.O. Box Number is Not Acceptable) 5485 Wilks Road Unit 404 City: Coconut Creek FL Zip Code: 33073 | |

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.

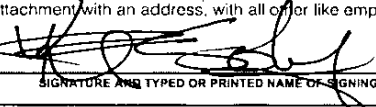
SIGNATURE:  DATE: 1/9/08

Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SOBY, KARL F 123 BILBOA DR JUPITER, FL 33458 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP FOONG, CALVIN 5701 SW 118 AVE COOPER CITY, FL 33330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP ROMAN, EDUARDO 7446 NW 115TH TERRACE PARKLAND, FL 33076 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELIAS, STEVEN M 8303 COZUMEL LANE WELLINGTON, FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SOBY, KARL F 123 BILBOA DRIVE JUPITER, FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 1/9/08 DAYTIME PHONE #: 954-783-0524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR