2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153073

1. Entity Name

HIGHER GROUND CONSULTING, INC



FILED Apr 13, 2007 08:00 Al Secretary of State

Principal Place of Business 5271 STRATFORD CT CAPE CORAL, FL 33904

Mailing Address

1318 LAFAYETTE ST CAPE CORAL, FL 33904



S. Certificate of Status Desired Sta		,						
B. Name and Address of Current Registered Agent REDDICK, BRADFORD B 5271 STRATFORD CT CAPE CORAL, FL 33904 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Septim, typed or preserves of registered agent, or both, in the State of Floride. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Septim, typed or preserves of registered agent, or both, in the State of Floride. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Septim, typed or preserves of registered agent, or both, in the State of Floride. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Septim, typed or preserves of registered agent. PL NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10: OFFICERS AND DIRECTORS That Fund Contribution. DO NOT WRITE INE REDDICK, BRADFORD B STRATFORD CT CAPE CORAL, FL 33904 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE BRET MORES SIRET	DO NOT WOITE IN THE COACE				01102007	No Chg-P	CR2E03	4 (11/05)
REDDICK, BRADFORD B 5271 STRATFORD CT CAPE CORAL, FL 33904 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wir	D	O NOI WRITE II	CE				Applied For Not Applicable	
REDDICK, BRADFORD B 5271 STRATFORD CT CAPE CORAL, FL 33904 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature File NOWILL FEE IS \$150,00 After May 1, 2007 Fee will be \$550,00 10: OFFICERS AND DIRECTORS TIME MAY REDDICK, BRADFORD B SIRILL ADDRESS CITY-S1-2P TIME MAY SIRILL ADDRESS CITY					5. Certificate	of Status Desired		
SCATE CORAL, FL 33904 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. SIGNATURE Signature, typed or privacy name of registered degree and site if increases (NOTE Registered Agent algebraic required when remarking). PLE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Added to Fees Trust Fund Contribution. PD REDDICK, BRADFORD B SIREL ADDRESS CIN'S1-2P TITLE MME SIREL ADDRESS CIN'S1-2P TITLE		6. Name and Address of Current Regis	tered Agent					
the obligations of registered agent. SIGNATURE Sprause, typed or private rame of registered agent and life 4 societies. PILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10: OFFICERS AND DIRECTORS Trust Fund Contribution. OFFICERS AND DIRECTORS INTER REDDICK, BRADFORD B SIEET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS SIRET ADRESS SIRET A	5271 STR	ATFORD CT						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10: OFFICERS AND DIRECTORS TITILE NAME REDDICK, BRADFORD B 5271 STRATFORD CT CAPE CORAL, FL 33904 DO NOT WRITE INILE NAME SIREET ADDRESS CITY-S1-2P TITLE NAME SIREET ADDRESS TITLE TITLE NAME SIREET ADDRESS TITLE TITLE NAME SIREET ADDRESS TITLE TIT	the obligati	ions of registered agent.	y et al.				,	amiliar with, and accept
ITILE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS STREET A	FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Campaign Finar	ncing _ \$5.	00 May Be		, DATE	
REDDICK, BRADFORD B 5271 STRATFORD CT CAPE CORAL, FL 33904 U00000705869 04/24/07-80011-004 150.1 UITLE NAME SIREET ADDRESS CITY-ST-ZIP UNDOOD0705869 04/24/07-80011-004 150.1	10.		CTORS	1	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	REDDICK, BRADFORD B 5271 STRATFORD CT						
NAME SIREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS	NAME STREET ADORESS		-			. U00 04/24/	000705 07-80C	869 11-004 150.0
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	15 15 15			DO	NOT W	RITE	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS				IN 7	THIS SF	ACE	
NAME STREET ADDRESS	NAME STREET ADDRESS							
	TITLE NAME STREET ADDRESS				₩ ; :		٠	
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	CITY-ST-ZIP		(r)		Lie Charter 110	Elerido Statutos 1	further cont	by 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 a powered.

SIGNATURE:

GNING OFFICER OR DIRECTOR

Daytima Phone #