


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT #</b> P05000001284<br><b>1. Entity Name</b><br>ITG CONSULTING INC. |  |
|--|---|

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| <b>Principal Place of Business</b><br>4853 VALLEY FIELD DRIVE<br>OLDSMAR, FL 34677 | <b>Mailing Address</b><br>4853 VALLEY FIELD DRIVE<br>OLDSMAR, FL 34677 |
|--|--|



05112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |   |
|--|---|
| <b>4. FEI Number</b><br>20-2105048   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>GILL, IAN<br>4853 VALLEY FIELD DRIVE<br>OLDSMAR, FL 34677 |
|---|

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000773626  
09/07/07-80007-010 550.00

| <b>10. OFFICERS AND DIRECTORS</b>  |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>P/D</b><br>GILL, IAN<br>4853 VALLEY FIELD DRIVE<br>OLDSMAR, FL 34677     |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>VP/D</b><br>GILL, SHEILA<br>4853 VALLEY FIELD DRIVE<br>OLDSMAR, FL 34677 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>T</b><br>GILL, IAN<br>4853 VALLEY FIELD DRIVE<br>OLDSMAR, FL 34677       |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>S</b><br>GILL, SHEILA<br>4853 VALLEY FIELD DRIVE<br>OLDSMAR, FL 34677    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP. 5, 2007 727-784-4475

Date

Daytime Phone #