

FILED

Sep 11, 2007 08:00
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000008913

1. Entity Name
MPG CONSULTING, INC.

Principal Place of Business

491 CYPRESS COVE
WELLINGTON, FL 33414

Mailing Address

3307 LAUREL AVE
MANHATTAN BEACH, CA 90266

07192007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-2580083Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, MICHAEL P
491 CYPRESS COVE
WELLINGTON, FL 33414**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 reinstating)

DATE

U00000773742
09/11/07-80005-002 150.00**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MR
GALLAGHER, MICHAEL P
491 CYPRESS COVE
WELLINGTON, FL 33414TITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIP**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: *Michael Gallagher* MICHAEL GALLAGHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/07

Date

16142583444

Telephone Phone #