2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000096488

1. Entity Name
WINDSOR CONSULTING GROUP, INC.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8477 BAY COLONY DRIVE NAPLES, FL 34108

P.O. BOX 641 ELGIN, IL 60121



DO NOT WRITE IN THIS SPACE

03092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3187323

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY PASSIDOMO ALBA &CASSNER LLP 2390 TAMIAMI TRAIL NORTH #204 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent and little i	f applicable (NOTE: Registered	d Agent signature	required when reinstalling)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPIENTE, JOHN S 8477 BAY COLONY DRIVE NAPLES, FL 34108					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000719217 05/01/07-80055-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<i>.</i>			

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 reports 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 toe-secute 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 enachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director

GONATURE AND TYPED OF PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

847-334-7500

Daytime Phone #