

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000153363

1. Entity Name
SSG CONSULTING, INC.



Principal Place of Business
983 BAYOU LANE
CRYSTAL BEACH, FL 34681

Mailing Address
983 BAYOU LANE
CRYSTAL BEACH, FL 34681

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2971 WENTWORTH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TARPON SPRINGS, FL

Zip

Country

Zip
34688

Country

01162008 Chg-P CR2E034 (12/06)

4. FEI Number
43-2091970

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LYONS, GARY W
311 SOUTH MISSOURI AVE
CLEARWATER, FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME KELLY, SCOTT
STREET ADDRESS PO BOX 820
CITY-ST-ZIP CRYSTAL BEACH, FL 34681

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

XX Change Addition

2971 Wentworth Way
Tarpion Springs, FL 34688

TITLE DV
NAME GAIL, JAMES
STREET ADDRESS PO BOX 820
CITY-ST-ZIP CRYSTAL BEACH, FL 34681

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

XX Change Addition

2971 Wentworth Way
Tarpion Springs, FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SCOTT KELLY

Jan. 28, 2008

727-504-3894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #