## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000017229

Entity Name: MCDOUGAL CONSULTING GROUP, INC.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	VINO AVENUE ABLES, FL 33134	US			
Current Mailing Address:			New Mailing Address:		
	VINO AVENUE ABLES, FL 33134	US			
FEI Number:	: 26-2073033 FE	Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1532 TRE	AL, PETER VINO AVENUE ABLES, FL 33134	US			
	named entity subm e of Florida.	its this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic Sig	nature of Registered Age	ent	Date	
Election Car	mpaign Financing Trus	t Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () Delet MCDOUGAL, PETER 1532 TREVINO AVEN CORAL GABLES, FL	UE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TRES ( ) Delete MCDOUGAL, PETER 1532 TREVINO AVENUE CORAL GABLES, FL 33134 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SECT () Delete MCDOUGAL, MONICA 1532 TREVINO AVENUE D: CORAL GABLES, FL 33134 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DIR () Delet MCDOUGAL, PETER 1532 TREVINO AVEN CORAL GABLES, FL	UE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MCDOUGAL PRES 04/25/2009