2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000023458

City-St-Zip:

MASON, OH 45050

Entity Name: STA CONSULTING GROUP, INC.

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
9378 MAS SUITE 201 MASON, C		1555 N. PARK DRIVE SUITE 101 WESTON, FL 33326		
Current N	lailing Address:	New Mailing Address:	New Mailing Address:	
9378 MASON MONTGOMERY SUITE 201 MASON, OH 45040		1555 N. PARK DRIVE SUITE 101 WESTON, FL 33326		
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
SUITE 2 BOCA RA The above	N, MARC I DGERS CIRCLE TON, FL 33487 US named entity submits this statement for the e of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI			Dete	
Election Car	Electronic Signature of Registered Agmpaign Financing Trust Fund Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete SIMMONS, TEDD C 9378 MASON MONTGMERY, SUITE 201 MASON, OH 45050	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	VP () Delete SIMMONS, SUSAN 9378 MASON MONTGOMERY, SUITE 201	Title: (Name: Address:) Change ()Addition	

City-St-Zip:

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: TEDD C SIMMONS P 04/30/2009