

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051283

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MT HANDS ON CONSULTING GROUP, INC.

## Current Principal Place of Business:

8955 MERRIMOOR BLVD. EAST  
LARGO, FL 33777

## New Principal Place of Business:

## Current Mailing Address:

8955 MERRIMOOR BLVD. EAST  
LARGO, FL 33777

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOULDIN & ASSOCIATES, P. A.  
6424 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TERNES, MARK  
Address: 8955 MERRIMOOR BLVD. EAST  
City-St-Zip: LARGO, FL 33777

Title: VP ( ) Delete  
Name: KANE, TOM  
Address: 512 SECOND STREET, APT 1  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S ( ) Delete  
Name: MEYERAAN, DENISE  
Address: 20110 GULF BLVD. #301  
City-St-Zip: INDIAN SHORES, FL 33785

Title: T ( ) Delete  
Name: KEELER, SCOTT  
Address: 611 S. FT. HARRISON AVE, #116  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARK TERNES

MR.

04/15/2009

Electronic Signature of Signing Officer or Director

Date