

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P93000036745

1. Entity Name
THE CONSULTING GROUP, INC. - AN ABI COMPANY



Principal Place of Business
**4301 ANCHOR PLAZA PKWY
SUITE 400
TAMPA, FL 33634 US**

Mailing Address
**4301 ANCHOR PLAZA PKWY
SUITE 400
TAMPA, FL 33634 US**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3186315	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEARNARD, ROBERT
4301 ANCHOR PLAZA PKWY
SUITE 400
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P.D
NAME	LEARNARD, ROBERT
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400
CITY- ST- ZIP	TAMPA, FL 33634

TITLE	V.D
NAME	VARSAMES, LOUIS
STREET ADDRESS	4301 ANCHOR PLAZA PKWY
CITY- ST- ZIP	TAMPA, FL 33634

TITLE	ST
NAME	HARTER, CRAIG R
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400
CITY- ST- ZIP	TAMPA, FL 33634

TITLE	V.D
NAME	ROTHSCHILD, DOUGLAS C
STREET ADDRESS	4301 ANCHOR PLAZA PKWY, STE 400
CITY- ST- ZIP	TAMPA, FL 33761

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/18/07-80124-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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 or other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/07

(813) 257-2285