2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P96000033093 1. Entity Name CONSULTANT'S PLUS, INC. Principal Place of Business 202 N.W. 6TH AVENUE MICANOPY, FL 32667 Mailing Address PO BOX 473 MICANOPY, FL 32667-0473

FILED Apr 30, 2007 08:00 A Secretary of State



` _	•	04272007	No Chg-P	CR2E034 (11/05)		
٦E		4. FEI Number 59-3385776			Applied For	
				ĺ	Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUY, GEORGE V 202 N.W. 6TH AVENUE MICANOPY, FL 32667

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									
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, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS		·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUY, GEORGE V 202 N.W. 6TH AVENUE MICANOPY, FL 32667				U00000743311 05/15/07-80098-023 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information									

14. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 repelver 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 attact men with an address, with all other like expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR

Jul 27, 2007 352-466-450/