2008 FOR PROFIT CORPORATION

Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P96000042152 1. Entity Name FLORIDA CONSULTATION GROUP, INC. Principal Place of Business Mailing Address PO BOX 740405 PO BOX 740405 BOYNTON BEACH, FL 33474 BOYNTON BEACH, FL 33474 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) No Chg-P 04242008 Applied For 4. FEI Number 65-0738684 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE EISENSON, BARRY A ESQ 4953 COCONUT CREEK PKWY IN THIS SPACE COCONUT CREEK, FL 33063 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DIFRONZO, VITO PO BOX 740405 STREET ADDRESS BOYNTON BEACH, FL 33474 CITY-ST-ZIP DO NOT WRITE NAMÉ STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

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