


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90016 015 \*\*\*150.00

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DOCUMENT # P96000047470			
1. Entity Name CONSOLIDATED REALTY GROUP, INC.			
Principal Place of Business 4255 US 1 SOUTH #9 ST AUGUSTINE, FL 32086		Mailing Address 4255 US 1 SOUTH #9 ST AUGUSTINE, FL 32086	
2. Principal Place of Business - No P.O. Box # 4475 US 1 South # 402 Suite, Apt. #, etc. St. Augustine, FL City & State		3. Mailing Address 4475 US 1 South # 402 Suite, Apt. #, etc. St. Augustine, FL City & State	
4. FEI Number 59-3384668		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07082008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WINGO, KATHRYN M 10125 CROTTY AVE HASTINGS, FL 32145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P WINGO, KATHRYN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGO, KATHRYN M	NAME	
STREET ADDRESS	10125 CROTTY AVE	STREET ADDRESS	
CITY - ST - ZIP	HASTINGS, FL 32145	CITY - ST - ZIP	
TITLE	VP GOBETS, MICHEL <input type="checkbox"/> Delete	TITLE	VP Michel Gobets <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOBETS, MICHEL	NAME	Michel Gobets
STREET ADDRESS	703 MEDINA CT.	STREET ADDRESS	384 Brantley Harbor Dr.
CITY - ST - ZIP	ST. AUGUSTINE, FL 32086	CITY - ST - ZIP	St. Augustine, FL 32086
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 all other like empowered.			
SIGNATURE: <u>Kathryn M. Wingo</u>		7/7/08 (904) 797-6814	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	