2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 07, 2007 08:00 AM **DOCUMENT # P97000009258 Secretary of State** RETAIL CENTRIC CONSULTING, INC. Principal Place of Business Mailing Address 1969 WHITE FEATHER LANE 1969 WHITE FEATHER LANE NOKOMIS, FL 34275 NOKOMIS, FL 34275 No Chg-P CR2E034 (11/05) 03042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0734551 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERGER, LAWRENCE H DO NOT WRITE 1969 WHITE FEATHER LANE NOKOMIS, FL. 34275 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 4 applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000658699 Trust Fund Contribution, Added to Fees After May 1, 2007 Fee will be \$550.00 /15/07-80048-014 150.00 OFFICERS AND DIRECTORS 10. TITLE D NAME BERGER, LAWRENCE H 1969 WHITE FEATHER LANE STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: 4

NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP