

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

01-20-2006 90037 018 ***150.00

DOCUMENT # P97000062360 1. Entity Name MAYO CONSULTING GROUP, INC.					
Principal Place of Business 343 FIELDSTREAM BLVD ORLANDO, FL 32825			Mailing Address 343 FIELDSTREAM BLVD ORLANDO, FL 32825		
2. Principal Place of Business		3. Mailing Address P.O. Box 532078			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando, FL		4. FEI Number 59-3463824	
Zip		Country 32825 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINTANA MAYO, JACQUELINE 343 FIELDSTREAM BLVD ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name Francisco J. MAYO Street Address (P.O. Box Number is Not Acceptable) 343 Fieldstream Blvd City Orlando FL Zip Code 32825		
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: 15 Feb 2006					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 President <input type="checkbox"/> Delete NAME MAYO, FRANCISCO J STREET ADDRESS 343 FIELDSTREAM BLVD CITY-ST-ZIP ORLANDO, FL 32825			TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Francisco J. MAYO STREET ADDRESS 343 Fieldstream Blvd CITY-ST-ZIP Orlando, FL 32825		
TITLE QUINTANA-MAYO, JACQUELINE <input checked="" type="checkbox"/> Delete NAME QUINTANA-MAYO, JACQUELINE STREET ADDRESS 343 FIELDSTREAM BLVD CITY-ST-ZIP ORLANDO, FL 32825			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:  Date: 2/15/2006 Daytime Phone #: 407 445 2222					