

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000062360

Entity Name: MAYO CONSULTING GROUP, INC.

**FILED**  
**Jul 25, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

627 DESOTO DRIVE  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

POB 532078  
ORLANDO, FL 32853 US

**New Mailing Address:**

FEI Number: 59-3463824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAYO, FRANCISCO J  
627 DESOTO DRIVE  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAYO, FRANCISCO J  
Address: 627 DESOTO DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO ( ) Change (X) Addition  
Name: QUINTANA-MAYO, JACQUELINE  
Address: 343 FIELDSTREAM BLVD  
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE QUINTANA-MAYO

CEO

07/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date