2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # P97000097482** 1. Entity Name ACCORD CONSULTING GROUP, INC. Principal Place of Business Mailing Address 14561 58TH ST N 14561 58TH ST N STE C STE C CLEARWATER, FL 33760 LIS CLEARWATER, FL 33760 IJS 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3477369 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EBBERS, DOUG J DO NOT WRITE 8814 ROBERTS RD ODESSA, FL 33556 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 regist SIGNATURE (NOTE Registered Agent signature required when reinstating) ed agent and title if applicable 9. Electron Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Ádded to Fees 10. OFFICERS AND DIRECTORS DP TITLE EBBERS, DOUG J NAME U00000357080 8814 ROBERTS RD STREET ADDRESS 05/04/05-80061-005 150.00 CITY-ST-ZIP ODESSA, FL 33556 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP ute IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 libe-empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED