## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P97000100891 1. Entity Name LMG CONSULTING, INC. Principal Place of Business 17 DOLPHIN RD. KEY LARGO, FL 33037 US Mailing Address 17 DOLPHIN RD. KEY LARGO, FL 33037 US O1172006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3484056 Not Applicable

DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  LAMONT, SUE H  250 104TH AVE  TREASURE ISLAND, FL 33706-4846				O1172006 No Chg-P CR2E034 (11/05)  4. FEI Number			
8. The above the obligat	named entity submits this statement for the plants of registered agent.  Signature, typed or printed name of registered agent and this			istered agent, or bo	th, in the State of Flo	orida. I am familiar with, and accep	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
110.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT DP GUNTHER, LISA M 17 DOLPHIN RD. KEY LARGO, FL 33037	CIONS			1100 <b>000</b> 02/20/ <b>06</b> -	425877 80020-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		
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12 Thereby o	ertify that the information supplied with this fil	ing does not qualifular me ava	mptione coots	ined in Charter 110	Florida Statutas	Eurobas agreets, that the information	

12. I hereby certify that the information supplied with this filling 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 their 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 repeiver or trustee empowered a executify the order of the corporation of the repeiver or trustee empowered account this features 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 a other like empowered.

SIGNATURE:

SHATUME AND TYPES OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/4/00

305 453 5062