Apr 28, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR) P98000024635 DOCUMENT

1. Entity Name

CONSULT US GROUP, INC.

Principal Place of Business

8835 CARLYLE AVE SURFSIDE FL 33154

Suite, Apt. #, etc.

Mailing Address

8835 CARLYLE AVE SURFSIDE FL 33154

2. Principal Place of Business 3. Mailing Address nha Koad 6931 Alpha Road 6931

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Da llas 4. FEI Number Applied For 65-0829412 PKas Zkas Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 75240 USA Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent

HENNESSY, CRAIG 8835 CARLYLE AVE SURFSIDE FL 33154 Street Addres

City 1 Bm

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

nature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS-IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete Craig Hennessy, 6931 Alpha Road HENNESSY, CRAIG NAME NAME 8835 CARLYLE AVE STREET ADDRESS STREET ADDRESS Dallas, TR SURFSIDE FL 33154 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Hennessy, Anne HENNESSY, ANNE NAME NAME 8835 CARLYLE AVE 6931 Alpha STREET ADDRESS STREET ADDRESS SURFSIDE FL 33154 CITY-ST-ZIP CITY-ST-ZIP ☐ Change - - ☐ Addition TITLE-- Delete -----TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP