2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000034309

1. Entity Name
GREEN CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
4070 UNITED AVENUE MOUNT DORA, FL 32757	4070 UNITED AVENUE MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE

03272008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3505527	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, TIMOTHY W
809 NORTHSIDE DRIVE
MOUNT DORA, FL 32757

DO NOT WRITE 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 registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREEN, TIMOTHY W
STREET ADDRESS	809 NORTHSIDE DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 32757

TITLE	D
NAME	GREEN, CAROLYN B
STREET ADDRESS	809 NORTHSIDE DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 32757

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000895223
04/24/08-90061-003 150.00

DO NOT WRITE IN THIS SPACE

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: _____ PRESIDENT _____   3/20/08   352-357-9241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #