


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90054 040 ***150.00

DOCUMENT # P98000091032	
1. Entity Name GREGORY CONSULTING GROUP, INC.	

Principal Place of Business 394 S. MAYA PALM DRIVE BOCA RATON, FL 33432	Mailing Address 394 S. MAYA PALM DRIVE BOCA RATON, FL 33432
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2. Principal Place of Business 101 Plaza Real S Suite, Apt. #, etc. #618	3. Mailing Address 101 Plaza Real S Suite, Apt. #, etc. #618
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City & State Boca Raton FL	City & State Boca Raton FL
Zip 33432	Zip 33432
County Palm Beach	County Palm Beach

6. Name and Address of Current Registered Agent GREGORY, DALE 394 S. MAYA PALM DRIVE BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name Gregory, Dale M Street Address (P.O. Box Number is Not Acceptable) 101 Plaza Real S #618 City Boca Raton FL Zip 33432	

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 *Dale Gregory* (NOTE: Registered Agent signature required when reinstating) DATE 1/18/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GREGORY, DALE M 394 S. MAYA PALM DRIVE BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Plaza Real S, #618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *Dale Gregory* Date 1/18/05 Daytime Phone 561-3627 4868