2006 FOR PROFIT CORPORATION

SIGNATURE:

Apr 19, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P98000098924 1. Entity Name 04-19-2006 90108 043 ***150.00 CONSOLIDATED RESOURCES GROUP, INC. Principal Place of Business Mailing Address 5858 W. ATLANTIC AVENUE DELRAY BEACH FL 33484 5858 W. ATLANTIC AVENUE DELRAY BEACH FL 33484 3. Mailing Address 2. Principal Place of Business a10333 1201 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) ¶ity & State City & State 4. FEI Number Applied For pln Bc4. FL 65-0886132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RERGMANN JOSEPH BERGMANN, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 1744 BREAKERS West 5858 W. ATLANTIC AVENUE **DELRAY BEACH FL 33484** 8. The above named entity submits this spatement 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. (NOTE: Registered Agent signature required when reinstating) Registered agent and litte it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE CD Delete TITLE Change Addition Bergmann, Joseph R 1744 BREAKERS WEST BLUD BERGMANN, JOSEPH R NAME NAME STREET ADDRESS 5858 W. ATLANTIC AVENUE STREET ADDRESS WEST PALM BC4 Fl. 33411 CITY-ST-ZIP DELRAY BEACH FL 33484 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attractiment with an address, with all other like empowered.

JUSEP4 R. Bergman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FILED