## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000010362

Entity Name: WAKELY CONSULTING GROUP, INC.

FILED Apr 22, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19321 U.S. HIGHWAY 19 N. 17757 U.S. HIGHWAY 19 N.

SUITE 515 SUITE 310

CLEARWATER, FL 33764 CLEARWATER, FL 33764

Current Mailing Address: New Mailing Address:

19321 U.S. HIGHWAY 19 N. 17757 U.S. HIGHWAY 19 N. SUITE 515 SUITE 310

CLEARWATER, FL 33764 SUITE 310 CLEARWATER, FL 33764

FEI Number: 59-3554482 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEIBLE, BRIAN WEIBLE, BRIAN

19321 U.S. HIGHWAY 19 N. 17757 U.S. HIGHWAY 19 N. SUITE 515

SUITE 515 SUITE 310 CLEARWATER, FL 33764 US CLEARWATER, FL 33764 US

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.

SIGNATURE: 04/22/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: \

Name: LAMBERT, JULIA

Address: 17757 US HIGHWAY 19 N, SUITE 310

City-St-Zip: CLEARWATER, FL 33764

Title: P

Name: WEIBLE, BRIAN C SV

Address: 17757 US HIGHWAY 19 N, SUITE 310

City-St-Zip: CLEARWATER, FL 33764

Title: V

Name: HYERS, DALE M

Address: 17757 US HIGHWAY 19 N, SUITE 310

City-St-Zip: CLEARWATER, FL 33764

Title: V

Name: WINKELMAN, ROSS

Address: 9777 PYRAMID COURT, SUITE 260

City-St-Zip: DENVER, CO 80124

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN WEIBLE SV 04/22/2011