


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000037474		
1. Entity Name MICHAEL A. LISS CONSULTING GROUP, INC.		
Principal Place of Business 9104 CANBERLEY DRIVE TAMPA, FL 33647	Mailing Address 9104 CANBERLEY DRIVE TAMPA, FL 33647	
DO NOT WRITE IN THIS SPACE		
		 04122006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3572712 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KALISH, WILLIAM ESQ. 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U000000513436 04/29/06-80127-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	LISS, MICHAEL A	
STREET ADDRESS	9104 CANBERLEY DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	S	
NAME	LISS, KARIN M	
STREET ADDRESS	9104 CAMDERLY DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  MICHAEL A. LISS Recs		Date 4/17/2006 813-390-1959
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>