2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050546

(X) Delete

1249 N. ORANGE AVENUE

ORLANDO, FL 32804

GATES, IAN

Title:

Name:

Address:

City-St-Zip:

FILED Jan 16, 2008 Secretary of State

Entity Nar	ne: CONSOI	LIDATED FUNDING GI	ROUP, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
1249 N. ORANGE AVENUE ORLANDO, FL 32804				2550 TECHNOLOGY DRIVE 201 ORLANDO, FL 32804			
Current Mailing Address:				New Mailing Address:			
1249 N. ORANGE AVENUE ORLANDO, FL 32804				2550 TECHNOLOGY DRIVE 201 ORLANDO, FL 32804			
FEI Number:	59-3586618	FEI Number Applied Fo	or () FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1249 N. OF ORLANDO The above	E, MICHELLE RANGE AVEN), FL 32804 named entity e of Florida.	IUE US	for the purpose of	of changing i	s registered	office or registered agent, or both,	
SIGNATUF							
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financin	g Trust Fund Contribution	ı ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	PARRETT, JOI 1249 N. ORAN ORLANDO, FL P (SHORE, JASO 1249 N. ORAN ORLANDO, FL	GE AVENUE 32804) Delete N GE AVENUE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	PARRETT, JO 2550 TECHNO ORLANDO, FL V (X SHORE, JASO 2550 TECHNO ORLANDO, FL	DLOGY DRIVE #201 - 32804 X) Change () Addition DN DLOGY DRIVE # 201	
Name: Address: City-St-Zip:	AULLS, ERNE: 1249 N. ORAN ORLANDO, FL	ST III GE AVENUE		Name: Address: City-St-Zip:	BROWN, MAR	RK DLOGY DRIVE #201	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JOHN PARRETT D 01/16/2008