2007 FOR PROFIT CORPORATION

00 A. ate

ANNUAL REPORT				Apr 26, 2007 08:0			
1. Entity Nam	MENT # P990000632 CONSULTING GROUP, INC.			Seci	etary of St		
Principal Plac		Mailing Address					
121 GALIANO ROYAL PALM	U S1. 1 BCH, FL 33411	121 GALIANO ST. Royal Palm BCH, Fl 33411		1 0 1 0 1 1 1 1 1 1	I BRIII GEIM BENE BBIND BIN	13 IIISD IIOZI DRID VOIDAL II IABI	
.4	7.	The state of the s	Tank at the state of the state				
D	O NOT WRITE	IN THIS SPA	CE	04092007 No 4. FEI Number	Chg-P CR2	E034 (11/05) Applied For	
				65-0935968 5. Certificate of Statu	s Desired	Not Applicable \$8.75 Additional	
	6. Name and Address of Current R	egistered Agent	le de la compa	Same and the same of the same	3 2031100	Fee Required	
CABRERA, DENNIS 121 GALIANO ST.				DO NO	T WRIT	E	
ROYAL PA	ALM BCH, FL 33411			IN THI	S SPAC	E	
	named entity submits this statement for I	he purpose of changing its register	red office or register	red agent, or both, in the	State of Florida. La	m familiar with, and accept	
	ions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent an	title if applicable (NOTE: Register	ed Agent signature required	d when reinstating)	DAT	E	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00			.00 May Be led to Fees			
10. TITLE	OFFICERS AND D	RECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	CABRERA, DENNIS 121 GALIANO ST. ROYAL PALM BCH, FL 33411			05		36 7-023 450 00	
TITLE	S CABRERA, LORIANNE						
STREET ADDRESS CITY-ST-ZIP	121 GALIANO ST. ROYAL PALM BCH, FL 33411						
TITLE NAME							
STREET ADDRESS CITY-SI-ZIP		- <u> </u>			OT WRIT	the state of the s	
TITLE NAME			4.6	IN THI	S SPAC	E	
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME			o m	, a		al	
STREET ADDRESS CITY-ST-ZIP		, , <i>u</i>	ald - (2-3)	h	i di ji k		
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 on 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 an other than the provided of the corporation of the receiver on trustee empowered. C. CABRELA

SIGNATURE:

NATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07 Date

(561)718-1050 Daytime Phone #