2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102258

CHARLES, WINSTON R

VALRICO, FL 33594

1005 LUMSDEN TRACE CIRCLE

Name:

Address:

City-St-Zip:

Entity Name: THE LANCASTER CONSULTING GROUP, INC.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2269 S. UNIVERSITY DRIVE NO. 260 DAVIE, FL 33324			2269 S. UNIVERSITY DAVIE, FL 33324	2269 S. UNIVERSITY DRIVE, # 260 DAVIE, FL 33324	
Current N	lailing Addr	ess:	New Mailing Addres	New Mailing Address:	
2269 S. UNIVERSITY DRIVE NO. 260 DAVIE, FL 33324			2269 S. UNIVERSITY DAVIE, FL 33324	2269 S. UNIVERSITY DRIVE , # 260 DAVIE, FL 33324	
FEI Number	: 65-0963607	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
250 JACAI #603 FORT LAU		VE FL 33324 US	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Agent			ent	 Date	
Election Car	mpaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CHARLES, H	NDA DR. #603	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WOOD-CHAI	() Delete RLES, VIVIAN NINA M NDA DR. #603 I, FL 33324	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHARLES, J	ERG 16, 9526 ZUCKENRIET, S.G.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	(X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: H. NATHAN CHARLES D 04/17/2007