

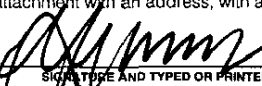


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90486 023 \*\*\*150.00

<b>DOCUMENT # V17601</b> 1. Entity Name <b>CORPORATE CONSULTING GROUP, INC.</b>					
Principal Place of Business <b>11201 DANKA CIRCLE NORTH</b> <b>TAX DEPARTMENT</b> <b>ST. PETERSBURG, FL 33716-3712 US</b>			Mailing Address <b>11201 DANKA CIRCLE NORTH</b> <b>TAX DEPARTMENT</b> <b>ST. PETERSBURG, FL 33716-3712 US</b>		
2. Principal Place of Business <b>11101 Roosevelt Blvd.</b> Suite, Apt. #, etc. <b>Tax Department</b>		3. Mailing Address <b>11101 Roosevelt Blvd.</b> Suite, Apt. #, etc. <b>Tax Department</b>			
City & State <b>St. Petersburg, FL 33716</b>		City & State <b>St. Petersburg, FL 33716</b>		4. FEI Number <b>59-3094375</b>	
Zip <b>33716</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPROATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SCHAAD, LAURENS F JR</b> <b>11201 DANKA CIR N</b> <b>SAINT PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11101 Roosevelt Blvd.</b> <b>St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ANDERLIK, THOMAS J</b> <b>11201 DANKA CIR N</b> <b>SAINT PETERSBURG, FL 33716</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>Jeffrey H. Foster</b> <b>11101 Roosevelt Blvd.</b> <b>St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WOLFINGER, F. MARK</b> <b>11201 DANKA CIRCLE NORTH</b> <b>ST. PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11101 Roosevelt Blvd.</b> <b>St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MAVIS, TODD L</b> <b>11201 DANKA CIRCLE NORTH</b> <b>ST PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11101 Roosevelt Blvd.</b> <b>St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>DELUCA, ANTHONY</b> <b>1201 DANKE CIR N</b> <b>SAINT PETERSBURG, FL 33716</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>Sanjay Sood</b> <b>11101 Roosevelt Blvd.</b> <b>St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>NELSEN, KEITH J</b> <b>11201 DANKA CIRCLE NORTH</b> <b>ST PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11101 Roosevelt Blvd.</b> <b>St. Petersburg, FL 33716</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			<b>Jeff T. Wood, Asst. Secretary</b> Date <b>4/22/04</b> Daytime Phone # <b>(727) 622-6726</b>		

Attachment # 017601

**CORPORATE CONSULTING GROUP, INC.**

**ATTACHMENT TO FLORIDA  
2004 FOR PROFIT CORPORATION ANNUAL REPORT**

Name	Title	Business Address
Todd L. Mavis	Director/President	11101 Roosevelt Blvd., St. Petersburg, FL 33716
F. Mark Wolfinger	Director/Vice President	11101 Roosevelt Blvd., St. Petersburg, FL 33716
Keith J. Nelsen	Director /Vice President / Secretary	11101 Roosevelt Blvd., St. Petersburg, FL 33716
Laurens F. Schaad, Jr.	Director/Treasurer	11101 Roosevelt Blvd., St. Petersburg, FL 33716
Jeffrey H. Foster	Vice President	11101 Roosevelt Blvd., St. Petersburg, FL 33716
Sanjay Sood	Vice President	11101 Roosevelt Blvd., St. Petersburg, FL 33716
Jeff T. Wood	Assistant Secretary	11101 Roosevelt Blvd., St. Petersburg, FL 33716