


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000002895
1. Entity Name
FEDERATED CONSULTING, INC.



Principal Place of Business
**12794 TOUCHSTONE PLACE
PALM BEACH GARDENS, FL 33418**

Mailing Address
**12794 TOUCHSTONE PLACE
PALM BEACH GARDENS, FL 33418**

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0074222

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BERNSTEIN, ROGER M
69 MERRICK WAY, SUITE #201
CORAL GABLES, FL 33134**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, JORDAN 12794 TOUCHSTONE PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNSTEIN, SANDRA 12794 TOUCHSTONE PLACE PALM BEACH GARDENS, FL 33418
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04/26/05-80014-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jordan Bernstein 4/21/05 561 351 2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JORDAN BERNSTEIN