U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



This report is mandatory under P.L. 86-257, as amended. Failure to comply may resul, in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Fielations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
36234			
1. File Number: c- 367			
Person Filing			
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name TERRON BECKER	Name		
Title CONSUITANT	Title		
Organization AMERICAN CONSULTING CTROUP	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Roum No., if any		
Street 233101 MadeRO Ste. 220	Street		
CHY MISSION VIOLO EN	City		
State CA ZIP Code + 4 9 2 6 9 1	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
a. Individual b. Partnership c. Corporation d. Other (Specify):			
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):	12 / 210 / 07		
Name Steve Rhodes	8. Name of person(s) through whom made:		
Organization CRYSTAL MAGIC			
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any 7703 kings pointe pky	Name		
Street SuitE. 300	Name		
city Orlando	Name		
State FL ZIP Code + 4 32819	Name		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)			
13. Signed President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)		
Title Resident CEO	Title Treasirer		
on 3/31/08 945 \$452-1840	On		
Date Telephone Number	l'ate Telephone Number		

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Filer:		File Number C-	
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:			
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.			
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.			
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):			
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Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruc	tions):		
a. Nature of activity:	uona).		
Meet with employes and Educate regarding Unions			
and NLAB PROCESSES.			
- CATICLE -			
11.b. Period during which performed:	11.c. Extent performed:		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name TERREN BECKER	Name		
Organization AMERICAN CONCUTING CAROUP	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 233101 Madero 518, #220	Street		
CITY MICCION A1610	City		
State (A ZIP Code + 4 921091	State	ZIP Code + 4	
	<u> </u>		
12.a. Identify subject groups of employees:  All sales and production employees.	12.b. Identify subject labor	organizations:	
All 20162 MACL PROGNETION - 1 4	UFCW Local	_ 324	
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