## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 30, 2008 8:00 am Secretary of State DOCUMENT # H39407 04-30-2008 90169 040 \*\*\*158.75 1. Entity Name THE EVEREST VENTURE GROUP, INC. Principal Place of Business Mailing Address 60032735 701 S. HOWARD AVEUNE 2907 BAY TO BAY BOULEVARD SUITE 212 **SUITE 106, BOX 499** TAMPA, FL 33629 TAMPA, FL 33606 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-2483058 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCNAMARA, THOMAS P (P.O. Box Number is Not Acceptable) 2909 BAY TO BAY BLVD. **SUITE 309** TAMPA, FL 33629 City ans 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CPST** TITLE □ Defete TITLE ☐ Change ☐ Addition ABELES, BRIAN NAME NAME STREET ADDRESS P.O. BOX 14399 STREET ADDRESS CITY-ST-ZEP TAMPA, FL 33690 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 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 wiptantactorss, with all other like empowered.

FILED