


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # J18876
 1. Entity Name
THE ATHENA GROUP INC.



Principal Place of Business
**408 W. UNIVERSITY AVE.
 STE 306
 GAINESVILLE, FL 32601 US**

Mailing Address
**% LORI G. TAYLOR
 3424 N.W. 31ST STREET
 GAINESVILLE, FL 32605**



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2724492

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**TAYLOR, LORI G.
 3424 N.W. 31ST STREET
 GAINESVILLE, FL 32605**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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	V TAYLOR, LORI G VPRES 3424 NW 31ST ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TAYLOR, FREDRICK J CHAIRMA 3424 N.W. 31ST STREET GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, MONICA A P & CEO 2844 NW 32ND ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODEL, JANET D SEC/TRE 4310 NW 18TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/09/07-80064-008 150.00

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12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

SIGNATURE: *Monica A Murphy* 04/24/07 352 372567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #