

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L94737

FILED
May 15, 2007
Secretary of State

Entity Name: EMPIRE FINANCIAL GROUP, INC.

Current Principal Place of Business:

2170 WEST STATE ROAD 434
SUITE 100
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2170 WEST STATE ROAD 434
SUITE 100
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 65-0211856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOJNOWSKI, DONALD
2170 WEST STATE ROAD 434
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GORDON, BRADLEY
Address: 2170 WEST STATE ROAD 434, SUITE 100
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: REES, RODGER
Address: 2170 WEST STATE ROAD 434, SUITE 100
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: WARSHAW, KIRK
Address: 2170 WEST STATE ROAD 434, SUITE 100
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: RABINOVICI, STEVE
Address: 2170 WEST STATE ROAD 434, SUITE 100
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: WOJNOWSKI, DONALD
Address: 2170 WEST STATE ROAD 434, SUITE 100
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: RUDY, JOHN
Address: 2170 WEST STATE ROAD 434, SUITE 100
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MATTHEW, JAMES M
Address: 2170 WEST STATE ROAD 434, SUITE 100
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M MATTHEW

CFO

05/15/2007

Electronic Signature of Signing Officer or Director

_____ Date