

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2006  
Secretary of State**

DOCUMENT# P01000088276

Entity Name: THE MAX COLE GROUP, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

5609 PINEY LANE DRIVE  
TAMPA, FL 33625

**Current Mailing Address:**

**New Mailing Address:**

5609 PINEY LANE DRIVE  
TAMPA, FL 33625

FEI Number: 59-3749684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COHEN, DAVID R  
5609 PINEY LANE DRIVE  
TAMPA, FL 33625 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: COHEN, DAVID R  
Address: 5609 PINEY LANE DRIVE  
City-St-Zip: TAMPA, FL 33625

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

Title: VP ( ) Delete  
Name: COHEN, MAUREEN  
Address: 5609 PINEY LANE DRIVE  
City-St-Zip: TAMPA, FL 33625

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID R COHEN

PRES

04/22/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date