

2005 FOR PROFIT CORPORATION ANNUAL REPORT

09-08-2005 90064 046 ***150.00

FILED P02000001129

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 PM 1:17

DOCUMENT # P02000001129 1. Entity Name ST. LUCIE FINANCIAL GROUP INC.					
Principal Place of Business 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986 <i>1241 DIALS PLANTATION DR</i> <i>STATHAM GA 30666</i>		Mailing Address 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986 <i>SAME</i>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50065355 	
City & State Zip Country		City & State Zip Country		07122005 Chg-P CR2E034 (10/03)	
4. FEI Number 80-0019674				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FAGIANO, STEPHEN T 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986 <i>1241 DIALS PLANTATION DR</i> <i>STATHAM GA 30666</i>	
7. Name and Address of New Registered Agent Name GARY A. BERGER, CPA Street Address (P.O. Box Number is Not Acceptable) 111 ORANGE AVE City FT. PIERCE FL Zip Code 34950				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 <i>[Signature]</i> DATE 10/20/05 (Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when retreating))	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAGIANO, JANICE K 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANICE K. FAGIANO 1241 DIALS PLANTATION DR. STATHAM GA 30666	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAGIANO, STEPHEN T 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHEN T. FAGIANO 1241 DIALS PLANTATION DR. STATHAM GA 30666	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8-31-05 Daytime Phone # 770-715-0323		