## 2006 FOR PROFIT CORPORATION

SIGNATURE:

Mar 23, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P95000042795 1. Entity Name AXIS GROUP, INC. Principal Place of Business Mailing Address 17308 LOCKWOOD RIDGE DRIVE 17308 LOCKWOOD RIDGE DRIVE **TAMPA. FL 33647** TAMPA, FL 33647 01102008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3323390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, ANA C DO NOT WRITE 17308 LOCKWOOD RIDGE DRIVE TAMPA, FL 33647 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstaling) DATE 1/00000478848 04/08/06-80021-021 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DILE GONZALEZ, ANA NAME STREET ADDRESS 17308 LOCKWOOD RIDGE DR. CHY-ST-ZP TAMPA, FL TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS 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 logal 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 angless, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Ana C. Gionzoloz

FILED