


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000016522 1. Entity Name C 2 GROUP, INC.						FILED 05 MAY -5 PM 2:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025				Mailing Address 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 65-1076997				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORREA, DANIEL W 10028 S.W. 16TH STREET PEMBROKE PINES, FL FL330-25				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 <div style="text-align: right;"> 000054281720 05/11/05--01042--013 **158.75 </div>			
(NOTE: Registered Agent signature required when reinstating)				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				10. OFFICERS AND DIRECTORS			
TITLE	PSTD	CORREA, DANIEL W <input type="checkbox"/> Delete		TITLE	P/D	CORREA, DANIEL W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS		10028 S.W. 16TH STREET		STREET ADDRESS		10028 SW 16th street	
CITY-ST-ZIP		PEMBROKE PINES, FL 33025		CITY-ST-ZIP		PEMBROKE PINES, FL 33025	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME		Campbell-Correa Jeannette	
STREET ADDRESS				STREET ADDRESS		10028 S.W. 16th Street	
CITY-ST-ZIP				CITY-ST-ZIP		Pembroke Pines Fla.33025	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: _____				Date 4/30/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-436-7542			