AND END DONELT PARRARATION

FILED

ANNUAL REPO	RT	Secretary of State
DOCUMENT # P98000012756 1. Entity Name THE PUBLISHING GROUP, INC.		Secretary of State
Principal Place of Business Mailing Add 1751 NE 162 ST 1751 NE		
DO NOT WRITE IN T		01192006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied Far Not Applied Far Not Applied Far S. Certificate of Status Desired S. \$8.75 Additional Fee Required
6. Name and Address of Current Registered Ag	ent	
LEVINE, MONA 1751 NE 162ND STREET MIAMI, FL 33162		DO NOT WRITE IN THIS SPACE
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the it applications. FIF F. NOWILL FER IS \$150.00	(NOTE: Replaced Agent signature require	ered agent, or both, in the State of Florida. I am familiar with, and eccepted when reinsteing) DATE 5.00 May Be Ided to Fees
16. OFFICERS AND DIRECTORS		
TITLE NAME NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP DITLE DIT		000000449962 03/09/06-80073-022 150 .00
NAME STREET ADDITISS CITY-ST-ZIP UTLE NAME STREET ADDITIES		DO NOT WRITE IN THIS SPACE
CNY-ST-ZIP TITLE MAINE STREET ADDRESS CITY-ST-ZIP TITLE NAME		

12. Thereby 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 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 ff changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

Date

Date

Description of Printed Name or Stockhour Prices on Director

STREET AUDRESS CITY-ST-ZIP