2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# 520794

Entity Name: 107 GROUP, INC.

Current Principal Place of Business:

9075 COVE AVENUE
PENSACOLA, FL 32534

New Principal Place of Business:

2429 PINE FOREST RD
CANTONMENT, FL 32533

Current Mailing Address:

9075 COVE AVENUE
PENSACOLA, FL 32534

New Mailing Address:

2429 PINE FOREST RD
CANTONMENT, FL 32533

FEI Number: 59-1712948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLOWAY, DEANE R
9075 COVE AVENUE
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: HUGHES, HENRY L
Address: 2449 PINTO CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: S ( ) Delete
Name: HOLLOWAY, DEANE R
Address: 9075 COVE AVENUE
City-St-Zip: PENSACOLA, FL 32534

Title: D ( ) Delete
Name: SCHANG, PATRICIA
Address: 5051 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: HOLLOWAY, JOHN W
Address: 108 BARATARA
City-St-Zip: CHICKASAW, AL 36611

Title: D ( ) Delete
Name: KAISER, ROSE M
Address: 5401 GRAND LAGOON BLVD
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: HOLLOWAY, DEANE R
Address: 2429 PINE FOREST RD
City-St-Zip: CANTONMENT, FL 32533

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

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

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 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 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: DEANE R HOLLOWAY S 03/18/2005

Electronic Signature of Signing Officer or Director — Date