2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 585762

Title:

Name:

Address:

City-St-Zip:

Entity Name: REY GROUP, INC.

FILED Apr 22, 2008 Secretary of State

Littly Name: RET GROOF, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
976 LAKE BALDWIN LANE STE 201 ORLANDO, FL 32814				976 LAKE BALDWIN LANE 201		
CINEANDO, I E 32014				ORLANDO, FL 32814		
Current Mailing Address:				New Mailing Address:		
976 LAKE BALDWIN LANE STE 201 ORLANDO, FL 32814				976 LAKE BALDWIN LANE 201 ORLANDO, FL 32814		
FEI Number:	59-1847040	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
REY, JOSE A 976 LAKE BALDWIN LANE STE 201 ORLANDO, FL 32814 US				REY, JOSE A 976 LAKE BALDWIN LANE 201 ORLANDO, FL 32814 US		
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:				04/22/2008		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	REY, JOSE A,	Delete W FARMS LANE 32825		Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	REY, ISABEL C,	W FARMS LANE		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () MARTIN, ALDO 1751 S CHICKS ORLANDO, FL	AW TRAIL		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WALTER A REY P 04/22/2008

() Delete

REY, WALTER A

2000 COTSWOLD DR

ORLANDO, FL 32825

() Change () Addition