## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 679348** 

FILED Apr 17, 2007 Secretary of State

Entity Name: FRATERNAL GROUP ADMINISTRATORS, INC.

**Current Principal Place of Business:** New Principal Place of Business:

211 MELBOURNE AVENUE 1845 N. HWY A1A, C/O NEIL H. WATT #703

INDIALANTIC, FL 32903 INDIALANTIC, FL 32903

**Current Mailing Address: New Mailing Address:** 

211 MELBOURNE AVENUE 1845 N. HWY A1A,

C/O NEIL H. WATT

INDIALANTIC, FL 32903 INDIALANTIC, FL 32903

FEI Number: 59-2014845 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATT, NEIL H. WATT, BIBA 1845 N. HWY A1A, 211 MELBOURNE AVE.

US #703 INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 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: BIBA WATT 04/17/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WATT, BIBA, WATT, NEIL H, Name: Name: 211 MELBOURNE AVENUE 1845 N HWY A1A, APT#703 Address: Address:

City-St-Zip: INDIALANTIC, FL 00000, City-St-Zip: INDIALANTIC,, FL 32903

Title: Title: () Delete ST (X) Change ( ) Addition WATT, BIBA, Name: WATT, BIBA. Name:

211 MELBOURNE AVENUE Address: 1845 N. HWY A1A, APT#703 Address: INDIALANTIC, FL 00000, INDIALANTIC,, FL 32903 City-St-Zip: City-St-Zip:

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

SIGNATURE: BIBA WATT P/S 04/17/2007