

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90157 006 ***150.00

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01192005 Chg-P CR2E034 (10/03)

DOCUMENT # 827186		
1. Entity Name MAGUIRE GROUP INC.		

Principal Place of Business 225 FOXBOROUGH BLVD FOXBOROUGH, MA 02035	Mailing Address 225 FOXBOROUGH BLVD FOXBOROUGH, MA 02035
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2. Principal Place of Business 33 Commercial Street Suite, Apt. #, etc. Suite One City & State Foxborough, MA. 02035 Zip Country	3. Mailing Address 33 Commercial Street Suite, Apt. #, etc. Suite One City & State Foxborough, MA. 02035 Zip Country
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REPETA, RICHARD J. 40 OAK BLUFF AVON, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAPALIA, SHERRILL 225 FOXBOROUGH BOULEVARD FOXBOROUGH, MA 02035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRITZ, JAMES B. 39 CARRIER CT SOUTHINGTON, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSH, RAYMOND T. 3 HAYFIELD LANE CUMBERLAND, RI <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALABRETTA, VICTOR V 11 AMERICA WAY JAMESTOWN, RI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISON, PETER 94 MEETING ST. PROVIDENCE, RI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiving 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 from an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

(508) 543-1700

Date

Daytime Phone #

William H. Yost Jr. VP/Trans.