2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F00000005869



FILED Jul 16, 2007 8:00 am Secretary of State

1. Entity Name	F GROUP, INC.			07-16-2007 90123 037 ***150.00					
Principal Place of Business		Mailing Address							
101 GROVERS MILL RD. SUITE 303 LAWRENCEVILLE, NJ 08648		101 GROVERS MILL RD. SUITE 303 LAWRENCEVILLE, NJ 08648		- LIBERBE IN	98 00 98 00 88 00 88 00 1			1001 11 1026	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Numb 22-267		· · · · · · · · · · · · · · · · · · ·	<u> </u>	plied For Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Addi		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
			Name	Name					
1201 HAYS	ATION SERVICE COMPANY S STREET SSEE, FL 32301	Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
		City	City FL Zip Code						
	named entity submits this statement fions of registered agent. Signature, typed or printed name of registered agen		TE: Registered Agent signatu		T.	DATE	Timai witi,		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution.		In accordance corporation di				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO O	FFICERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CIFY-SF-ZIP	P GENOVAY, PATRICIA 80 WEST UPPER FERRY ROA WEST TRENTON, NJ 08608	TITLE NAME STREET ADDRESS CHY-ST-ZIP	101 Grov Lawrence	☐ Change ☐ Addition 2 Cha					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANTO, SERA 80 WEST UPPER FERRY ROA WEST TRENTON, NJ 08628	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 01 Grovers Mill Rd, Suite 303 awrenceville, NJ 08648					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E S Delete TRAINER, RAYMOND EET ADDRESS 80 WEST UPPER FERRY ROAD, SUITE 1			101 Grov Lawrence	☐ Change ☐ Addition 01 Grovers Mill Rd, Suite 303 awrenceville, NJ 08648				
TITLE		☐ Delete	TITLE NAME	,			Change	Addition	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

☐ Delete

☐ Delete

SI	GN	ΔΤΙ	JRF.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

609-771-9200

Daytime Phone #

Change

☐ Change

Addition

Addition