2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006654

Entity Name: EXTRAPRISE GROUP, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
321 SUMME Boston, N	ER STREET MA 02210				
Current Mailing Address:			New Mailin	New Mailing Address:	
321 SUMME Boston, N	ER STREET MA 02210				
FEI Number: (04-3354224	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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.					
SIGNATUR	E:				
	Electro	nic Signature of Registered Agent		Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS: ADD			ADDITION:	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title:) Delete	Title:	() Change () Addition	
Name:	MARSHALL, K		Name:	() Change () / laution	
Address:	321 SUMMER		Address:		
City-St-Zip:	BOSTON, MA	02210	City-St-Zip:		
Title:) Delete	Title:	() Change () Addition	
Name: Address:	SHANKER, MIC 321 SUMMER		Name: Address:		
City-St-Zip:	BOSTON, MA		City-St-Zip:		
Title: Name:	S (BLUNDON, WI) Delete	Title: Name:	() Change () Addition	
Address:	321 SUMMER		Address:		
City-St-Zip:	BOSTON, MA	02210	City-St-Zip:		
Title:	D () Delete	Title:	T (X) Change () Addition	
Name:	BATES, ALAN	•	Name:	DOSTAL, CHRISTINE C	
Address:	321 SUMMER		Address:	321 SUMMER STREET	
City-St-Zip:	BOSTON, MA	02210	City-St-Zip:	BOSTON, MA 02210	
Title:) Delete	Title:	() Change () Addition	
Name: Address:	MCCULLEN, J 321 SUMMER		Name: Address:		
City-St-Zip:	BOSTON, MA		City-St-Zip:		
Title:	,) Delete	Title:	D () Change (X) Addition	
Name:	(, Delete	Name:	KOULOGEORGE, MARK	
Address:			Address:	321 SUMMER STREET	
City-St-Zip:			City-St-Zip:	BOSTON, MA 02210	

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: CHRISTINE C DOSTAL T 04/23/2007