## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004587

Entity Name: THE FILTA GROUP, INC.

FILED Feb 02, 2007 Secretary of State

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

5401 S. KIRKMAN ROAD, SUITE 740 7075 KINGSPOINTE PARKWAY ORLANDO, FL 32819

SUITE 1

ORLANDO, FL 32819

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

5401 S. KIRKMAN ROAD, SUITE 740 7075 KINGSPOINTE PARKWAY

ORLANDO, FL 32819 SUITE 1

ORLANDO, FL 32819

FEI Number: 98-0375567 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:

CLEWES, VICTOR CLEWES, VICTOR

5401 S. KİRKMAN ROAD, SUITE 740 7075 KINGSPOINTE PARKWAY ORLANDO, FL 32819 SUITE 1

ORLANDO, FL 32819 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: VICTOR CLEWES 02/02/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PRFS ( ) Delete CLEWES, VICTOR Name:

7830 HORSE FERRY ROAD Address: City-St-Zip: ORLANDO, FL 32835

( ) Delete Title: CEO

Name: SAYERS JASON

5401 S. KIRKMAN ROAD Address: ORLANDO, FL 32819 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PRFS** (X) Change ( ) Addition

Name: CLEWES, VICTOR

7075 KINGSPOINTE PARKWAY Address:

City-St-Zip: ORLANDO, FL 32819

Title: (X) Change ( ) Addition CEO

Name: SAYERS, JASON

Address: 7075 KINGSPOINTE PARKWAY ORLANDO, FL 32819 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: VICTOR CLEWES **PRES** 02/02/2007