2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004144

Entity Name: THE DEXTRA GROUP, INC.

MARIETTA, GA 30068

City-St-Zip:

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4548 S. SUNCOAST BLVD. 12029 W. DOLPHIN CT. HOMOSASSA, FL 34448 #143 HOMOSASSA, FL 34446 **New Mailing Address: Current Mailing Address:** 4548 S. SUNCOAST BLVD. HOMOSASSA, FL 34446 FEI Number: 20-1314570 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: GILL, KATHLEEN O 12029 W. DOLPHIN CT HOMOSASSA, FL 34448 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSC () Delete Title: () Change () Addition GILL, KATHLEEN O Name: Name: 4548 S. SUNCOAST BLVD, #143 Address: Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: () Delete Title: VVCT Title: () Change () Addition Name: BATSEL. KURT R Name: 1205 JOHNSON FERRY RD STE 136-446 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN O. GILL PSC 04/19/2009