


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 001 ***150.00

DOCUMENT # F04000004908	
1. Entity Name INFINITY BUSINESS GROUP, INCORPORATED	

Principal Place of Business 9612 SUNBEAM CENTER DR. JACKSONVILLE, FL 32257	Mailing Address P.O. BOX 23579 JACKSONVILLE, FL 32241
--	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04112007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1587736	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POWELL, JOHN 9612 SUNBEAM CENTER DR. JACKSONVILLE, FL 32257		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGILL, BRYON K	NAME	2333 Alexandria Dr
STREET ADDRESS	P.O. BOX 1106	STREET ADDRESS	Lexington, KY 40504
CITY-ST-ZIP	PIKEVILLE, KY 41502	CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, MICHAEL	NAME	President
STREET ADDRESS	P.O. BOX 1106	STREET ADDRESS	Wade Cordell
CITY-ST-ZIP	PIKEVILLE, KY 41502	CITY-ST-ZIP	140 Gibson Rd Suite B
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOEVEN, BILL VAN	NAME	CFO
STREET ADDRESS	P.O. BOX 23579	STREET ADDRESS	Haines Margaret
CITY-ST-ZIP	JACKSONVILLE, FL 32241	CITY-ST-ZIP	140 Gibson Rd Suite B
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEVINS, JOHN	NAME	
STREET ADDRESS	22 W. PENNSYLVANIA	STREET ADDRESS	
CITY-ST-ZIP	BEL AIR, MD 21014	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: 	4/11/07	803-957-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #