

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-23-2007 90037 047 ****50.00
08-27-2007 90034 021 ***500.00

DOCUMENT # F04000006930					
1. Entity Name ENCLAVES GROUP, INC.					
Principal Place of Business 2550 EAST TRINITY MILLS ROAD 122 CARROLLTON, TX 75006			Mailing Address 2550 EAST TRINITY MILLS ROAD 122 CARROLLTON, TX 75006		
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	4. FEI Number 20-1951556	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____					
FILE NOW!! FEE IS \$350.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HAYES, DANIEL G		NAME		
STREET ADDRESS	2550 EAST TRINITY MILLS RD, SUITE 122		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON, TX 75006		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MACFARLANE, MARK D		NAME		
STREET ADDRESS	2550 EAST TRINITY MILLS RD, SUITE 122		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON, TX 75006		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NUCCIO, EMILIA		NAME		
STREET ADDRESS	2550 EAST TRINITY MILLS RD, SUITE 122		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON, TX 75006		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MACFARLANE, ROBERT A		NAME		
STREET ADDRESS	2550 EAST TRINITY MILLS RD, SUITE 122		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON, TX 75006		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KOHN, ROBERT M		NAME		
STREET ADDRESS	2550 EAST TRINITY MILLS RD, SUITE 122		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON, TX 75006		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: <u>Daniel G. Hayes</u> <u>241425 9.14.07</u> <u>712.07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <u>914.502.1286</u>					