

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000002435

1. Entity Name  
 THE SAMUEL GROUP, INC.



Principal Place of Business  
 2906 MAPLE AVENUE, SUITE 202  
 DALLAS, TX 75201

Mailing Address  
 2906 MAPLE AVENUE, SUITE 202  
 DALLAS, TX 75201



02022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **75-2707416** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
 NAME CPVD  
 SAMUEL, MESFIN  
 STREET ADDRESS  
 CITY-ST-ZIP 2906 MAPLE AVENUE, SUITE 202  
 DALLAS, TX 75201

TITLE  
 NAME DST  
 SAMUEL, MESFIN  
 STREET ADDRESS  
 CITY-ST-ZIP 2906 MAPLE AVENUE, SUITE 202  
 DALLAS, TX 75201

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

U00000437833  
 02/28/06-80063-021 150.00

**DO NOT WRITE IN THIS SPACE**

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 lines announced.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 214-922-8012  
Date Daytime Phone #