2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004145

Entity Name: THE NTI GROUP, INC.

FILED Feb 15, 2007 Secretary of State

Date

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
BUILDING	ITURA BLVE B, SUITE 30 I OAKS, CA	0			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
BUILDING	ITURA BOUI B, SUITE 30 I OAKS, CA	0			
FEI Number:	20-0597724	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Age	nt	Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS	AND DIRE	CTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RICHARDS, F) Delete ROBIN JRA BLVD, BLDG B, STE 300 AKS, CA 91403	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OUYANG, PA 15301 VENTU) Delete UL L.H. JRA BLVD, BLDG B, STE 300 AKS, CA 91403	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WORMAN, BI 15301 VENTU) Delete RUCE G JRA BLVD, BLDG B, STE 300 AKS, CA 91403	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CORWYNNE,) Delete CARRATHURS C H AVENUE, SUITE 1600 NY 10106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHRISTIAN, I	HAVENUE, SUITE 1600	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MICHALIK, R	HAVENUE, SUITE 1600	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: SUSAN PARK

VP

02/15/2007