2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# F05000004816

Entity Name: THE DEZONIA GROUP, INC.

Current Principal Place of Business:

500 NW 165TH STREET, SUITE 104
MIAMI, FL 33169

New Principal Place of Business:

6451 N. FEDERAL HIGHWAY
1002
FORT LAUDERDALE, FL 33308

Current Mailing Address:

500 NW 165TH STREET, SUITE 104
MIAMI, FL 33169

New Mailing Address:

6451 N. FEDERAL HIGHWAY
1002
FORT LAUDERDALE, FL 33308

FEI Number: 58-2566356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAMON, DOUG
3051 NE 55TH LANE
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PETER F. SOUZA 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SHAMON, DOUG
Address: 3051 NE 55TH LANE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VC ( ) Delete
Name: DEZONIA, WILLILAM
Address: 2801 NE 38TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHAMON, DOUG
Address: 6451 N. FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VD (X) Change ( ) Addition
Name: DEZONIA, WILLIAM
Address: 6451 N. FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

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: DOUG SHAMON PRES 04/30/2007
Electronic Signature of Signing Officer or Director Date