2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# F05000006213

Entity Name: BLUE RIDGE GROUP OF KENTUCKY, INC.

Current Principal Place of Business:

632 ADAMS STREET, #700
BOWLING GREEN, KY 42101

New Principal Place of Business:

Current Mailing Address:

632 ADAMS STREET, #700
BOWLING GREEN, KY 42101

New Mailing Address:

FEI Number: 88-0306452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STONEBURNER BERRY & SIMMONS P.A.
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: BURR, ROBERT D
Address: 632 ADAMS STREET, #700
City-St-Zip: BOWLING GREEN, KY 42101

Title: VD ( ) Delete
Name: SHEA, GREGORY B
Address: 632 ADAMS STREET, #700
City-St-Zip: BOWLING GREEN, KY 42101

Title: DV ( ) Delete
Name: PETERS, HARRY
Address: 632 ADAMS STREET, #700
City-St-Zip: BOWLING GREEN, KY 42101

Title: DV ( ) Delete
Name: BURR, ROBERT J
Address: 632 ADAMS STREET, #700
City-St-Zip: BOWLING GREEN, KY 42101

Title: ST ( ) Delete
Name: BURR, DORIS R
Address: 632 ADAMS STREET, #700
City-St-Zip: BOWLING GREEN, KY 42101

Title: D ( ) Delete
Name: SHEA, GREGORY B
Address: 632 ADAMS STREET, #700
City-St-Zip: BOWLING GREEN, KY 42101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DORIS R. BURR ST 01/04/2007

Electronic Signature of Signing Officer or Director — Date