


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F47517
 1. Entity Name
ASCOT GROUP, INC.



Principal Place of Business Mailing Address
 1101 BRICKELL AVE. #1005-S 1101 BRICKELL AVE. #1005-S
 MIAMI, FL 33131 US MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2127833 Not Applicable

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

6. Name and Address of Current Registered Agent
 GUREN SHELDON B.
 1101 BRICKELL AVE
 SUITE 1005-S
 MIAMI, FL 33131

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUREN, SHELDON B
STREET ADDRESS	1101 BRICKELL AVE, STE 1005-S
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	KOROTKY, PAMELA G.
STREET ADDRESS	5222 RUSSELL ST #26
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/19/05-80096-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sheldon B. Guren* Date: 4/4/05 Daytime Phone #: 305 374 4007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR