2008 FOR PROFIT: CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Sta		
DOCUMENT # F9300001925 1. Entity Name THE DAWSON GROUP OF GEORGIA, INCORPORATED					Seci	ctary or Sta
Principal Place HWY 30-A SEASIDE, FL		Mailing Address P O BOX 6667 DESTIN, FL 32550 US			(a 1640 ann ann agus	RIEL HEIR SAME HEST ENISEN IN DES
DO NOT WRITE IN THIS SPA			CE	01072008 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent DAWSON, HEAVENLY 34 W. MITCHELL AVE SANTA ROSA BEACH, FL 32459			DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the possose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature. Typesder printed name of registered agent applicable. (NOTE: Registered Agent signature required when reinstating). DATE						am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				.00 May Be led to Fees	U0000070 01/16/08-8	33682 0023-025 150.00
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	OFFICERS AND D CEOP DAWSON, HEAVENLY 34 WEST MITCHELL AVE SANTA ROSA BEACH, FL 32459	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWSON, WILLIAM R III 34 WEST MITCHELL AVE SANTA ROSA BEACH, FL 32459					
NAME STREET ADDRESS CITY-ST-ZIP	· .		DO NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 his 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: 5

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

PRESIDENT

11/08 (850) 231-6033