2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000221

Entity Name: THE PRODUCTS GROUP, INC.

FILED Mar 27, 2009 Secretary of State

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Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
1048 NATIONAL PARKWAY SCHAUMBURG, IL 60173			722 OAK C LOMBARD	722 OAK CREEK DRIVE LOMBARD, IL 60148		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
ATTN: JUI	T 56TH ST, SU DY BORY RK, NY 10019	JITE 1604				
FEI Number	: 13-3859245	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
515 EAST	L CORPORAT PARK AVENI SSEE, FL 323					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered of	fice or registered agent, or both	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	gent		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	WHITNEY, SA	TH STREET, SUITE 1604	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VPT (KAZARIAN, PE 1048 NATION SCHAUMBUR	AL PARKWAY	Title: Name: Address: City-St-Zip:	VP (X) BROWN, MIKE 722 OAK CREEI LOMBARD, IL 6		
Title: Name: Address: City-St-Zip:	BORY, JUDITI	REET, SUITE 1604	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name:	DVP (LOPATER, LA) Delete WRENCE	Title: Name:	()	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JUDITH BORY S 03/27/2009

156 W 56 STREET, SUITE 1604

NEW YORK, NY 10019

Address:

City-St-Zip: