

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17389

Entity Name: SRT GROUP, INC.

FILED
Aug 20, 2006
Secretary of State

Current Principal Place of Business:

2523 LINCOLN AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

PO BOX 330985
MIAMI, FL 33233

New Mailing Address:

FEI Number: 59-2522234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHER, CHARLES P
2655 LE JEUNE ROAD
#1101
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SACHER, CHARLES
Address: 2655 LE JEUNE RD #1101
City-St-Zip: MIAMI, FL

Title: DPT () Delete
Name: PARKER, ROBIN Z.,
Address: 2523 LINCOLN AVE
City-St-Zip: MIAMI, FL

Title: CD () Delete
Name: PARKER, ALFRED B
Address: 611 SW 28 STREET
City-St-Zip: GAINESVILLE, FL 32607

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:

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: ROBIN Z. PARKER

DPT

08/20/2006

Electronic Signature of Signing Officer or Director

Date