2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17926

FILED Sep 07, 2005 Secretary of State

Entity Name: THE SAINTLY GROUP, INC.							
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
4750 N. 9TH AVENUE PENSACOLA, FL 32503 US			6704 C PLANTATION ROAD PENSACOLA, FL 32504 US				
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
	1750 N. 9TH AVENUE PENSACOLA, FL 32503 US			6704 C PLANTATION ROAD PENSACOLA, FL 32504 US			
FEI Number:	59-2515404	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	ed ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of	New Registered Agent:		
KEEN, PAN 4750 N. 9T PENSACO		US	6704 C PL	KEEN, PAMELA ANN 6704 C PLANTATION ROAD PENSACOLA, FL 32504 US			
The above in the State		ıbmits this statement for the p	purpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUR	E: PAMELA A	A. KEEN		09/07/2005			
	Electronic	Signature of Registered Ag	ent		Date		
		2)(b), F.S., the corporation did no	ot receive the prior notic	e.			
	paign Financing AND DIRECT	Trust Fund Contribution(). ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ()E FRIEL, BERNIE S 157 LAKE D'EST SLIDELL, LA		Title: Name: Address: City-St-Zip:	,	() Change () Addition		
Title: Name: Address: City-St-Zip:	me: MIELKE, RUSSELL N dress: 6907 RICHARD WILSON DR.			DVT (X) Change () Addition MIELKE, RUSSELL N 6643 N WINFIELD o: PARKER, CO 80134			
Title: Name: Address: City-St-Zip:	SD () E KEEN, PAMELA A 4750 NORTH 9TH PENSACOLA, FL	1 AVENUE	Title: Name: Address: City-St-Zip:	KEEN, PAME	ITATION ROAD		
Title: Name: Address: City-St-Zip:	D ()EDRUMMOND, C. 2843 CROSSING CHESAPEAKE, V	S DRIVE	Title: Name: Address: City-St-Zip:	,	()Change ()Addition		
Title: Name	D ()[Delete	Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA A KEEN SEC 09/07/2005

2796 KAKKI CT.

City-St-Zip: MARRIETTA, GA

Address: