


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90038 011 \*\*\*158.75

<b>DOCUMENT # H30849</b> 1. Entity Name THE PAXEN GROUP, INC.	
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Principal Place of Business 710 ATLANTIS RD MELBOURNE, FL 32904 US	Mailing Address 710 ATLANTIS RD MELBOURNE, FL 32904 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

40900540



01042006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2495345	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GENTRY, BARRY L. 710 ATLANTIS RD MELBOURNE, FL 32904	7. Name and Address of New Registered Agent Name Nancy N. Higgs Street Address (P.O. Box Number is Not Acceptable) 710 Atlantis Road City Melbourne FL Zip Code 32904
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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 Nancy N. Higgs Nancy N. Higgs, President/Secy. 1/5/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT HIGGS, PATRICK 710 ATLANTIS RD MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HIGGS, PHILIP E. 5206 GEORGE KING ROAD DURHAM, NC 27707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 710 Atlantis Road Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HIGGS, NANCY 710 ATLANTIS RD MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GENTRY, BARRY 710 ATLANTIS RD MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOWDER, SUSAN 2834 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bowden, Susan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, SANDY B 1403 TAFT HWY. SUITE 3 SIGNAL MOUNTAIN, TN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:** Nancy N. Higgs Nancy N. Higgs 1/5/06 321.724-1033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #