2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78775

Entity Name: THE DIAZ/FRITZ GROUP, INC.

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13075 TELECOM PKWY. N TEMPLE TERRACE, FL 33637 **Current Mailing Address: New Mailing Address:** 13075 TELECOM PKWY. N TEMPLE TERRACE, FL 33637 FEI Number: 59-2631354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, DELVIS H 13075 TELECOM PKWY. N TEMPLE TERRACE, FL 33637 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: DIAZ, DELVIS H Name: 1459 HARBOUR WALK RD Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ISABEL, CHRISTOPHER S Name: 2928 CHELSEA WOODS DRIVE Address: Address: VALRICO, FL 33594 City-St-Zip: City-St-Zip: () Delete Title: Title: VPD (X) Change () Addition CONNELLA, EARL T CONNELLA, EARL T Name: Name: 16615 ASHTON GREEN DR 16615 ASHTON GREEN DR Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: LUTZ, FL 33558 Title: **VPD** () Delete Title: () Change () Addition DANCE, ROBERT J Name: Name: Address: 5061 SOUTH HAMPTON CIRCLE Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: Title: SD () Delete () Change () Addition Name: CALHOUN, HOLLY R Name: 3885 EAST GASKIN RD Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: VPD () Delete Title: () Change () Addition POHN, GORDON F Name: Name: 1608 TOWNBERRYC T Address: Address: City-St-Zip: City-St-Zip: TRINITY, FL 34655

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.

SIGNATURE: JAMES J. FURLONG TD 02/17/2009