2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42563

Entity Name: THE SUDBURY GROUP, INC.

FILED Jan 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3706 N OCEAN BLVD 6229-8 POWERS AVENUE SUITE 472 JACKSONVILLE, FL 32217 US

FT. LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

4207 NE 34TH AVE 6229-8 POWERS AVENUE FT LAUDERDALE, FL 33308 JACKSONVILLE, FL 32217 US

FEI Number: 59-2741325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHINLEVER, ROBERT H.
4207 N.E. 34TH AVENUE

FT. LAUDERDALE, FL 33308 US

SCHINLEVER, ROBERT H MR.
411197 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256 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: ROBERT H. SCHINLEVER 01/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHINLEVER, ROBERT H, .
Address: 4207 N.E. 34TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL

Title: DV () Delete
Name: SCHINLEVER, JACQUELINE

Address: 4207 NE 34TH AVE

City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHINLEVER, ROBERT H MR.
Address: 11197 TURNBRIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DV (X) Change () Addition
Name: SCHINLEVER, JACQUELINE
Address: 11197 TURNBRIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

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.

SIGNATURE: ROBERT H. SCHINLEVER DP 01/28/2004