

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94575

FILED
Jan 23, 2008
Secretary of State

Entity Name: FLORIDA MEDIATION GROUP, INC.

Current Principal Place of Business:

44 W FLAGLER ST #1900
MIAMI, FL 33130

New Principal Place of Business:

44 W FLAGLER ST
1900
MIAMI, FL 33130 US

Current Mailing Address:

44 W FLAGLER ST #1900
MIAMI, FL 33130

New Mailing Address:

44 W FLAGLER STREET
1900
MIAMI, FL 33130

FEI Number: 65-0124636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, ALLENE
C/O FLORIDA MEDIATION CTR
44 W FLAGLER ST, 19TH FLOOR
MIAMI, FL 331306806 US

Name and Address of New Registered Agent:

NICHOLSON, ALLENE D
44 W. FLAGLER STREET
1900
MIAMI, FL 33130 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: ALLENE D NICHOLSON

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHOLSON, ALLEN D
Address: 769 ALLENDALE ROAD
City-St-Zip: KEY BISCAYNE, FL

Title: VD () Delete
Name: DUVAUCHELLE, BARBARA
Address: 44 W FLAGLER ST, 19TH FLOOR
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICHOLSON, ALLEN D
Address: 769 ALLENDALE ROAD
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VD (X) Change () Addition
Name: DUVAUCHELLE, BARBARA
Address: 44 W FLAGLER ST, 19TH FLOOR
City-St-Zip: MIAMI, FL 33130 US

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: ALLENE D NICHOLSON

PD

01/23/2008

Electronic Signature of Signing Officer or Director

Date