2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Apr 28, 2008-08:0			
1. Entity Nam	MENT # L58411 PRITY GROUP, INC.				- (Secretai	ry of Sta	
% WHITNEY FATIO DUNHAM 1228 CANDLEWOOD DR		Mailing Address % WHITNEY FATIO DUNHAM 1228 CANDLEWOOD DR LAKELAND, FL 33813	00 m		81881 B21 01101 (8111 0000) 1/841 (101	A (A) A ANN A ANN AGAN AGAN A DHURUN II WA N		
	O NOT WRITE I	NITHE COA	CE	04252	2008 No Chg-P	CR2E034 (11/		
		NIISA	SE.	59-	Number -3015183 tificate of Status Desired		Applied For Not Applicable Additional	
4.	於明][[1] [[1] [[1] [[1] [[1] [[1] [[1] [[1	新工作的。(C.)		7 3/7 7	to the fire of the second of t	Fee Re	quired	
6. Name and Address of Current Registered Agent DUNHAM, WHITNEY FATIO 1228 CANDLEWOOD DR LAKELAND, FL 33813					O NOT W N THIS SP	Balling to the second		
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 Signature, typed or printed name of registered agent and site if applicable [NOTE: Registered Agent signature required when remitating)								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Added to Fees	Be	-80059-019	150.00	
10.	OFFICERS AND DIRE	CTORS	The state of					
HTLE NAME STREET ADDRESS CITY-ST-ZIP THLE	PSTD DUNHAM, WHITNEY FATIO 1228 CANDLEWOOD DR LAKELAND, FL							
NAME STREET ADDRESS CITY-ST-ZIP TITLE								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					N THIS SP	ACE		
TITLE NAME								

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

MANATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Buchen

1/25/08 863-647-243