

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007770

FILED
Jan 03, 2006
Secretary of State

Entity Name: BUSINESS OPPORTUNITIES GROUP, INC.

Current Principal Place of Business:

610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 02-0543204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARMA, BOBBY A
610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCNEILL, STEVE
Address: 1817 BIMINI DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: MACGEORGE, STEVE
Address: 102 FLORIDA HAICN DR
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: HARTLIEB, JOAN
Address: 4306 OLD DOMINION RD
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: DOWNEY, PAUL
Address: 871 SUNSHINE LANE SUITE 117
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HORNING, JEAN
Address: 13376 LAKE TURNBERRY CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN HORNING

D

01/03/2006

Electronic Signature of Signing Officer or Director

Date