## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007852

Entity Name: PI GROUP, INC.

4560 N. UNIVERSITY DR.

SUITE D & E, BLDG. 8

LAUDERHILL, FL 33351

LAUDERHILL, FL 33351

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

4510 N. UNIVERSITY DR.

SUITE Q

LAUDERHILL, FL 33351

Current Mailing Address: New Mailing Address:

4560 N. UNIVERSITY DR. 4510 N. UNIVERSITY DR. SUITE D & E, BLDG. 8 SUITE Q

LAUDERHILL, FL 33351

FEI Number: 65-1155499 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:

GRACE, THOMAS J
4560 N. UNIVERSITY DR.
SUITE D & E, BLDG. 8
LAUDERHILL, FL 33351 US
GRACE, THOMAS J
4510 N. UNIVERSITY DR.
SUITE Q
LAUDERHILL, FL 33351 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.

0.014.7.17.7

SIGNATURE: 04/26/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PT ( ) Delete Title: PT (X) Change ( ) Addition

 Name:
 GRACE, THOMAS J.
 Name:
 GRACE, THOMAS J.

 Address:
 4560 N. UNIVERSITY DR
 Address:
 4510 N. UNIVERSITY DR

 City-St-Zip:
 LAUDERHILL, FL 33351
 City-St-Zip:
 LAUDERHILL, FL 33351

 Name:
 JOHNSON, CATHLEEN
 Name:
 CRAWFORD, SALLIE

 Address:
 4560 N UNIVERSITY DR
 Address:
 4510 N UNIVERSITY DR

 City-St-Zip:
 LAUDERHILL, FL 33351
 City-St-Zip:
 LAUDERHILL, FL 33351

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLIE CRAWFORD PT 04/26/2007