

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010145

FILED
Mar 25, 2007
Secretary of State

Entity Name: FIVE AND TWO SOLUTIONS GROUP, INC.

Current Principal Place of Business:

2101 COLEWOOD LN
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

2101 COLEWOOD LN
DOVER, FL 33527

New Mailing Address:

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

Name and Address of Current Registered Agent:

NAPOLEON, BERTHONY
2101 COLEWOOD LN
DOVER, FL 33527 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Change (X) Addition
Name: TYRONE, MANER
Address: 13301 WATERFORD RUN DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Change (X) Addition
Name: BENJAMIN, PULLEN
Address: 3111 ROLLING ACRES PLACE
City-St-Zip: VALRICO, FL 33594

Title: D () Change (X) Addition
Name: BOBBY, HAMILTON
Address: P.O. BOX 6866
City-St-Zip: TAMPA, FL 33608

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: BERTHONY NAPOLEON

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03/25/2007

Electronic Signature of Signing Officer or Director

_____ Date