CORPORATION ANNUAL REPORT

FILED Apr 26, 2009 Secretary of State

DOCUMENT# N1000003913

Entity Name: THE RECONCILIATION GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

5600 US HIGHWAY 98 NORTH 6312 EGRET DRIVE SUITE 1 LAKELAND, FL 33809

LAKELAND, FL 33809

New Mailing Address: Current Mailing Address:

5600 US HIGHWAY 98 NORTH 6312 EGRET DRIVE LAKELAND, FL 33809

SUITE 1 LAKELAND, FL 33809

FEI Number: 26-1998669 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:

HARKINS, WM. R HARKINS, WM. R 5600 US HIGHWAY 98 NORTH 6312 EGRET DRIVE LAKELAND, FL 33809 US SUITE 1 LAKELAND, FL 33809 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: 04/26/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HARKINS, WM. R HARKINS, WM. R Name: Name:

P.O. BOX 92108 6312 EGRET DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33804 City-St-Zip: LAKELAND, FL 33809

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

HARKINS, JEAN M HARKINS, JEAN M Name: Name: P.O. BOX 92108 6312 EGRET DRIVE Address: Address: LAKELAND, FL 33804 LAKELAND, FL 33809 City-St-Zip: City-St-Zip:

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

MONSALVO, BERNARD Name: Name: P.O. BOX 92108 Address: Address: City-St-Zip: LAKELAND, FL 33804 City-St-Zip:

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: WM. R. HARKINS DIR 04/26/2009