2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N19308 LON GROUP, INC.						02-23-2007 90	•		
Principal Place % GEORGE G 5500 COLLIN MIAMI BEACE	REEN Vs avenue suite 402	Mailing Address % GEORGE GREEN 5500 COLLINS AVENUE SUITE 402 MIAMI BEACH, FL 33140 US						-		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02202007	Chg-NP	CR2E	(12/06)		
City & State		City & State		E0 0704400			oplied For of Applicable			
Zip	Country	Zip	Cou	ntry		5. Certificate	of Status Desired	χí	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registere	d Agent	
HOLZBERG, MARILYN 18181 N.E. 31 CT. STE. 806 AVENTURA FL 33160				Name APFEL ROBERT DDS Street Address (P.O. Box Number is Not Acceptable) 550 SABAL PALM ROAD						
	:			City	OVA!	~		F	L Zip Cod	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere				n, in the State of F	lorida. 1 ar		
				,			/.	21.4		
SIGNATURE.	Signature, typed or printed name of registered agen	RTARFEL DOS (NOTI			re required	when reinstating)		21,20 DATE		
SIGNATURE.			E Registered	d Agent signatu	are required	when reinstating) \$5.00 May Backded to Fees	, ,	DATE		
SIGNATURE.	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	t and title if applicable. (NOTI 9. Election Car Trust Fund C	E Registered	d Agent signatu		\$5.00 May Boundary Bo	, ,	DATE Make che rida Dep	nck payable to artment of Si	tate
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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 617, 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:

SIGNATURE AND TYPES OR PROPERTHANE OF SIGNING OFFICER OR BRIGGIOR

POREM APPEL DOS Pra

Feb 21, 2007

345-528-3265

Daytime Phone #