


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90168 031 \*\*\*\*61.25

<b>DOCUMENT # N97000004137</b> 1. Entity Name <b>THE LOOPER GROUP, INC.</b>			
Principal Place of Business <b>100 FIRST AVE S STE 477 SAINT PETERSBURG, FL 33701-4311</b>		Mailing Address <b>100 FIRST AVE S STE 477 SAINT PETERSBURG, FL 33701-4311</b>	
2. Principal Place of Business <b>100 Second Ave N</b> Suite, Apt. #, etc. <b>Ste 300</b>		3. Mailing Address <b>100 Second Ave N</b> Suite, Apt. #, etc. <b>Ste 300</b>	
City & State <b>Saint Petersburg, FL</b> Zip <b>33701-3338</b>		City & State <b>Saint Petersburg, FL</b> Zip <b>33701-3338</b>	
4. FEI Number <b>59-3386876</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARLSON, ERIC P 100 FIRST AVE. S. SUITE 477 SAINT PETERSBURG, FL 33701-4311</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100 Second Ave N</b> <b>Suite 300</b> City <b>Saint Petersburg</b> <b>FL</b> Zip Code <b>33701-3338</b>	
8. 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. I am familiar with, and accept the obligations of registered agent  SIGNATURE <u><i>Eric P. Carlson</i></u> DATE <u>4/24/06</u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANSSON, KARL 80 BEACH DRIVE NE SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORRELL, SIMON 4940 72ND AVE N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARLSON, ERIC 100 FIRST AVE S, STE. 477 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRAY, Chuck 4940 72ND AVE N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARLSON, ERIC 100 Second Ave N, Ste 300 St. Petersburg, FL 33701	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARLSON, ERIC 100 Second Ave N, Ste 300 St. Petersburg, FL 33701	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Eric P. Carlson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/24/06</u> Daytime Phone # <u>727-821-5166</u>	