

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90218 043 ****61.25

DOCUMENT # N97000004137 1. Entity Name THE LOOPER GROUP, INC.					
Principal Place of Business 100 2ND AVE NORTH SUITE 300 SAINT PETERSBURG, FL 33701-3338			Mailing Address 100 2ND AVE NORTH SUITE 300 SAINT PETERSBURG, FL 33701-3338		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc. Suite 130			
City & State		City & State			
Zip 33701-3337 Country		Zip 33701-3337 Country		4. FEI Number 59-3386876	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARLSON, ERIC P. 100 2ND AVE NORTH SUITE 300 SAINT PETERSBURG, FL 33701-3338				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 130 City <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="margin-left: 5px;">Zip Code 33701-3337</div> </div>	
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> STD 1/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANSSON, KARL 80 BEACH DRIVE NE SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRAY, CHUCK 4940 72ND AVE NORTH PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARLSON, ERIC 100 2ND AVE NORTH SUITE 300 SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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> Eric P. Carlson			1/9/07 727-821-5166 <small>Date Daytime Phone #</small>		