
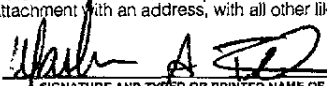


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000068469		
1. Entity Name A1A GROUP, INC.		
Principal Place of Business 6338 PRESIDENTIAL CT SUITE 102 FORT MYERS, FL 33919		Mailing Address POST OFFICE BOX 430 LEHIGH ACRES, FL 33970
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TELUSMA, JEAN W 120 AIRVIEW AVENUE LEHIGH ACRES, FL 33936		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	TELUSMA, MASLINE A	
STREET ADDRESS	120 AIRVIEW AVENUE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 607, 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: 		4-28-2006 239-274-0098
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1029689	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional
Fee Required

U00000553870
05/15/06-80069-009 158.75