

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113773

FILED
Jan 20, 2006
Secretary of State

Entity Name: THE ASHVINS GROUP, INCORPORATED

Current Principal Place of Business:

6161 BLUE LAGOON DR
SUITE 340
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6161 BLUE LAGOON DR
SUITE 340
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-1067893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILT, MARTHA LYNN
90 ALTON ROAD, #801
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

HILT, MARTHA LYNN
90 ALTON ROAD, #801
MIAMI BEACH, FL 33139 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: _____

01/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILT, MARTHA LYNN
Address: #801, 90 ALTON ROAD
City-St-Zip: MIAMI, FL 33139

Title: SD () Delete
Name: WEEKS, TERRY A
Address: #1446, 1500 BAY ROAD
City-St-Zip: MIAMI, FL 33139

Title: TD () Delete
Name: BERLIN, JAMES R
Address: 1436 CANTORIA AVE
City-St-Zip: MIAMI, FL 33146

Title: D () Delete
Name: BOYD, IVETTE
Address: 8451 S.W. 27 LANE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: ARTURO, KOZEL
Address: 1771 N.W. 106 TERR
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: HUTCHINGS, CHARLES J
Address: 1120 QUAIL AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILT, MARTHA LYNN
Address: #801, 90 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Change () Addition
Name: WEEKS, TERRY A
Address: #1446, 1500 BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD (X) Change () Addition
Name: BERLIN, JAMES R
Address: 1436 CANTORIA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES R. BERLIN

CFO

01/20/2006

Electronic Signature of Signing Officer or Director

Date