

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004787

FILED
Jul 18, 2005
Secretary of State

Entity Name: EXECUTIVE GROUP CORP.

Current Principal Place of Business:

400 S ATLANTIC AVE
STE 104
ORMOND BEACH, FL 32174

New Principal Place of Business:

8 BROOK CREST WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

400 S ATLANTIC AVE
STE 104
ORMOND BEACH, FL 32174

New Mailing Address:

8 BROOK CREST WAY
ORMOND BEACH, FL 32174

FEI Number: 59-3692287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: HAVERS, ALLAN
Address: 8 BROOK CREST WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Delete
Name: DAVIS, E MICHAEL
Address: 562 SOUTH ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MD () Delete
Name: HAVERS, DEAN
Address: 8 BROOK CREST WAY
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: A W HAVERS

PDS

07/18/2005

Electronic Signature of Signing Officer or Director

Date