


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093724 1. Entity Name MAJOR PROJECTS GROUP, INC.	
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Principal Place of Business 6120 EDGEWATER DR SUITE D ORLANDO, FL 32810 US	Mailing Address 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE

FILED
04 MAR -8 PM 3:42
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01242004 No Chg-P CR2E034 (10/03)

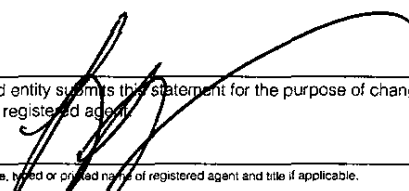
4. FEI Number 06-1635716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SENNELLO, LOUIS
1699 REDWOOD GROVE TERR
LAKE MARY, FL 32746**

**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:  (NOTE: Registered Agent signature required when reinstating) DATE: **3-04-04**

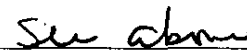
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SENNELLO, LOUIS 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SENNELLO, JOAN 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000030361180
03/12/04--01018--014 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: Daytime Phone #