


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90402 015 ***150.00

DOCUMENT # P01000093724		
1. Entity Name MAJOR PROJECTS GROUP, INC.		

Principal Place of Business 1417 DOLGNER PLACE SANFORD, FL 32771 US	Mailing Address 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746
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2. Principal Place of Business 15670 Bonita Blvd Suite, Apt. #, etc.	3. Mailing Address 15670 Bonita Blvd Suite, Apt. #, etc.
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City & State Katon Beach, FL	City & State Katon Beach, FL
Zip 32347	Zip 32347
County Dade	County Dade



04202006 Chg-P CR2E034 (11/05)

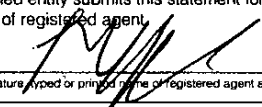
4. FEI Number 06-1635716	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SENNELLO, LOUIS 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746 15670 Bonita Blvd Katon Beach, FL 32347	
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7. Name and Address of New Registered Agent Name: Sennello, Louis Street Address (P.O. Box Number is Not Acceptable) 15670 Bonita Blvd Katon Beach City: Katon Beach FL Zip Code: 32347	
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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: 	DATE: 4-20-06
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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
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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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SENNELLO, JOAN 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sennello, Louis 15670 Bonita Blvd. Katon Beach FL 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Sennello, Joan 15670 Bonita Blvd. Katon Beach FL 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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: 	DATE: 4-20-06	Daytime Phone #
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