
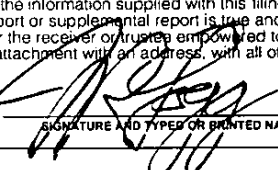


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90429 018 \*\*\*150.00

|  |                        |   |  |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
|--|------------------------|---|--|---|---------------------------------|------|-----------------|--|----------------|---------------------|--|-----------------|--|--|--|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|
| <b>DOCUMENT # P01000102214</b><br>1. Entity Name<br><b>THE FOGG GROUP, INC.</b>  |                        |   |  |  |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Principal Place of Business<br><b>5423 DYNASTY DR<br/>PENSACOLA, FL 32504</b>  |                        |   | Mailing Address<br><b>5423 DYNASTY DR<br/>PENSACOLA, FL 32504</b>  |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                        |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| City & State   |                        |   | City & State   |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Zip  |                        | Country   |  | Zip   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Country  |                        | Country   |  | 4. FEI Number<br><b>59-3750656</b>  |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                        |   |  | Applied For<br>Not Applicable   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                        |   |  | \$8.75 Additional Fee Required  |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FOGG, JOHN R<br/>5423 DYNASTY DR<br/>PENSACOLA, FL 32504</b>   |                        |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 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 _____  |                        |   |  |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |                        |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P<br/>FOGG, JOHN R</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>5423 DYNASTY DR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PENSACOLA, FL 32504</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>  |                        |   | TITLE  | P<br>FOGG, JOHN R   | <input type="checkbox"/> Delete | NAME | 5423 DYNASTY DR |  | STREET ADDRESS | PENSACOLA, FL 32504 |  | CITY - ST - ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  |
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| NAME   | 5423 DYNASTY DR        |   |  |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS   | PENSACOLA, FL 32504    |   |  |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
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| 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:  <b>JOHN FOGG</b> <b>4-28-06</b> <b>850.479.9962</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                        |   |  |   |                                 |      |                 |  |                |                     |  |                 |  |  |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |