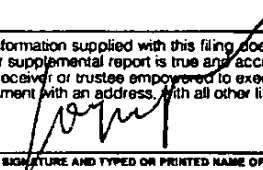


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90003 042 ****50.00
05-01-2006 90482 025 ***100.00

DOCUMENT # P02000033150			
1. Entity Name MGT GROUP, INC.			
Principal Place of Business 4243 NW 107 AV # 143 MIAMI, FL 33178		Mailing Address 4243 NW 107 AV # 143 MIAMI, FL 33178	
2. Principal Place of Business 10200 NW 25 ST		3. Mailing Address 10200 NW 25 ST	
Suite, Apt. #, etc. 207		Suite, Apt. #, etc. 207	
City & State Miami, FL		City & State Miami, FL	
Zip 33172	Country USA	Zip 33172	Country USA
4. FEI Number 41-2038215		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04282006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent MASSIANI, JONATHAN O 4243 NW 107 AV #143 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POST MASSIANI, JONATHAN O 4243 NW 107 AV #143 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS1 MASSIANI, JONATHAN O ☒ Change ☐ Addition 10200 NW 25 ST Miami FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		04/28/2006 7863065677	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	