2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081360

Entity Name: MULTIMIND GROUP, INC

FILED May 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1449 N. 14TH WAY 121 NE 24TH TER

CAPE CORAL, FL 33909 204 HOLLYWOOD, FL 33020

New Mailing Address: Current Mailing Address:

1449 N. 14TH WAY PO BOX 151149

CAPE CORAL, FL 33915

HOLLYWOOD, FL 33020

FEI Number: 52-2367326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUQUE, LUIS M DUQUE, LUIS M 1449 N 14TH WAY., STE 204 PO BOX 151149

HOLLYWOOD, FL 33020 CAPE CORAL, FL 33915 US

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: LUIS DUQUE 05/03/2005

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DUQUE, LUIS M DUQUE, LUIS M Name: Name: 1449 N 14TH WAY., STE 204 PO BOX 151149 Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: CAPE CORAL, FL 33915

VΡ Title: VΡ Title: () Delete (X) Change () Addition

Name: ALLEN, JESSICA Name: ALLEN, JESSICA 1449 N 14TH WAY., STE 204 PO BOX 151149 Address: Address: HOLLYWOOD, FL 33020 CAPE CORAL, FL 33915 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

DUQUE, DIEGO DUQUE, DIEGO Name: Name:

1449 N 14TH WAY., STE 204 PO BOX 151149 Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: CAPE CORAL, FL 33915

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: JESSICA ALLEN MS 05/03/2005