2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2006
Secretary of State

DOCUMENT# P02000081360

Entity Name: MULTIMIND GROUP, INC

Current Principal Place of Business:

121 NE 24TH TER
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

PO BOX 151149
CAPE CORAL, FL 33915

New Mailing Address:

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

Name and Address of Current Registered Agent:

DUQUE, LUIS M
PO BOX 151149
CAPE CORAL, FL 33915 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DUQUE, LUIS M
Address: PO BOX 151149
City-St-Zip: CAPE CORAL, FL 33915

Title: VP ( ) Delete
Name: ALLEN, JESSICA
Address: PO BOX 151149
City-St-Zip: CAPE CORAL, FL 33915

Title: S ( ) Delete
Name: DUQUE, DIEGO
Address: PO BOX 151149
City-St-Zip: CAPE CORAL, FL 33915

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DUQUE, JESSICA
Address: PO BOX 151149
City-St-Zip: CAPE CORAL, FL 33915

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LUIS M DUQUE LMD 05/07/2006

Electronic Signature of Signing Officer or Director Date