

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095684

FILED
Apr 27, 2004
Secretary of State

Entity Name: PILLAR MANAGEMENT GROUP, INC.

Current Principal Place of Business:

531 N OCEAN BLVD STE 201
POMPANO BEACH, FL 33062

New Principal Place of Business:

2436 NORTH FEDERAL HWY
208
LIGHT HOUSE POINT, FL 33064

Current Mailing Address:

531 N OCEAN BLVD STE 201
POMPANO BEACH, FL 33062

New Mailing Address:

2436 NORTH FEDERAL HWY
208
LIGHT HOUSE POINT, FL 33064

FEI Number: 06-1679198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAWHNEY, BILL
531 N OCEAN BLVD STE 201
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

STEVENS, ALDA
2436 NORTH FEDERAL HWY
208
POMPANO BEACH, FL 33064 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: ALDA STEVENS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STEVENS, ALDA
Address: 531 N OCEAN BLVD STE 201
City-St-Zip: POMPANO BEACH, FL 33062

Title: DS (X) Delete
Name: SAWHNEY, BILL
Address: 531 N OCEAN BLVD STE 201
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ALDA STEVENS

DP

04/27/2004

Electronic Signature of Signing Officer or Director

Date