
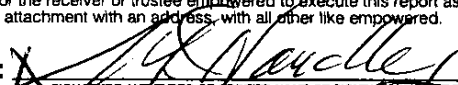


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90029 008 \*\*\*150.00

<b>DOCUMENT # P02000099979</b> 1. Entity Name <b>HANDLEY GROUP, INC.</b>			
Principal Place of Business <b>655 HWY 78 WEST OKEECHOBEE, FL 34973</b>		Mailing Address <b>PO BOX 1442 OKEECHOBEE, FL 34973-1442</b>	
2. Principal Place of Business - No P.O. Box # <b>215 Rio Villa Dr. #3411</b>		3. Mailing Address <b>P.O. Box 51-0210</b>	
Suite, Apt. #, etc. <b>#3411</b>		Suite, Apt. #, etc. 	
City & State <b>Punta Gorda, FLA</b>		City & State <b>Punta Gorda, FLA</b>	
Zip <b>33950</b>		Zip <b>33951-0210</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>37-1442205</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HANDLEY, M.L. 7270 NW 114TH AVE # 102 MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>215 Rio Villa Dr #3411</b> City <b>Punta Gorda</b>	
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.		FL <b>33950</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLEY, M.L. 7270 NW 114TH AVE # 102 MIAMI, FL 33178	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLEY, JACK L 878 SE 25TH STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	215 Rio Villa Dr. #3411 Punta Gorda, FLA 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		12/30/06 941-639-4936	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	