

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90029 031 ***150.00

DOCUMENT # P02000102444 1. Entity Name THE DEG GROUP, INC.	
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Principal Place of Business 9955 SW 214 STREET MIAMI, FL 33189	Mailing Address 9955 SW 214 STREET MIAMI, FL 33189
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J4UJ01J4

2. Principal Place of Business 8350 NW 52nd Terr Suite 107 Suite, Apt. #, etc. Suite 107 City & State Miami, Florida Zip 33166 Country USA	3. Mailing Address 8350 NW 52nd Terr Suite, Apt. #, etc. Suite 107 City & State Miami Florida Zip 33166 Country USA
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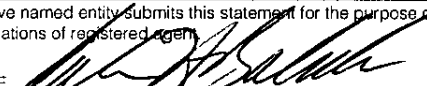


01292004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0118012	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARDNER, DAVID 9955 SW 214 STREET MIAMI, FL 33189	7. Name and Address of New Registered Agent Name Calvin H Babcock Street Address (P.O. Box Number is Not Acceptable) 8350 NW 52nd Terr #107 City Miami FL Zip Code 33166
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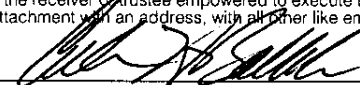
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, DAVID 9955 SW 214 STREET MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,  ☒ Change ☐ Addition Gardner, David 8350 NW 52nd Terr Suite 107 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete GARDNER, BARBARA J 9955 SW 214 STREET MIAMI, FL 33189	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ☐ Change ☒ Addition Babcock, Calvin H 8350 NW 52nd Terr Suite 107 Miami FL 33166
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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Calvin H Babcock 3-22-04 305-599-2780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #