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.

J48000156

01292004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
9955 SW 214 STREET MIAMI, FL 33189	9955 SW 214 STREET MIAMI, FL 33189

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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, Gardner, David 8350 NW 52nd Terr Suite 107 Miami, Fl. 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDNER, BARBARA J 9955 SW 214 STREET MIAMI, FL 33189	☒ 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	DPS Babcock, Calvin H 8350 NW 52nd Terr Suite 107 Miami Fl. 33166	☐ 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
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 #