

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

# FILED

05 FEB 14 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

150<sup>00</sup>



02092005 Chg-P CR2E034 (10/03) *ac 2/14*

<b>DOCUMENT # P02000102444</b> 1. Entity Name THE DEG GROUP, INC.		
Principal Place of Business 8350 NW 52ND TERR STE 107 MIAMI, FL 33166		Mailing Address 8350 NW 52ND TERR STE 107 MIAMI, FL 33166
2. Principal Place of Business <i>9200 S. Dadeland Blvd</i>	3. Mailing Address <i>9200 S. Dadeland Blvd</i>	
Suite, Apt. #, etc. <i>103</i>	Suite, Apt. #, etc. <i>103</i>	
City & State <i>Miami FL</i>	City & State <i>Miami FL</i>	4. FEI Number 30-0118012
Zip <i>33156</i>	Country <i>Dade</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33156</i>	Country <i>Dade</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  BABCOCK, CALVIN H 8350 NW 52ND TERR STE 107 MIAMI, FL 33166		7. Name and Address of New Registered Agent  Name <i>BABCOCK, CALVIN H</i> Street Address (P.O. Box Number is Not Acceptable) <i>9200 S. Dadeland Blvd. STE 103</i> City <i>Miami</i> <span style="float: right;">FL</span> <span style="float: right;">Zip Code <i>33156</i></span>
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: <i>Calvin H. Babcock</i> <span style="float: right;">DATE: <i>2/19/05</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	VP GARDNER, DAVID <input checked="" type="checkbox"/> Delete 8350 NW 52ND TERR STE 107 MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BABCOCK, CALVIN H <input type="checkbox"/> Delete 8350 NW 52ND TERR STE 107 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>9200 S. DADELAND BLVD. STE 103                  MIAMI, FL 33156</i>
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 400046531939 02/14/05--01050--002 **185.00
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 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: <i>Calvin H. Babcock</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>2/19/05</i> <span style="float: right;">Daytime Phone #: <i>305-599-2780</i></span>

CALVIN H. BABCOCK