2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P02000128489

Entity Name: THE SIXELA GROUP, INC.

Current Principal Place of Business:

9815 PALM VISTA WAY
BOCA RATON, FL 33428

New Principal Place of Business:

1920 NE 5TH AVE
BOCA RATON, FL 33432

Current Mailing Address:

1920 NE 5TH AVE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 56-2306280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXIS, MARNEL
9815 PALMA VISTA WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

ALEXIS, MARNEL
1920 NE 5TH AVE
BOCA RATON, FL 33432 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: MARNEL ALEXIS 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALEXIS, MARNEL
Address: 9815 PALM VISTA WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Delete
Name: ALEXIS, CHIQUITA
Address: 9815 PALMA VISTA WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: PRES (X) Delete
Name: ALEXIS, MARNEL
Address: 9815 PALMA VISTA WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP (X) Delete
Name: ALEXIS, CHIQUITA
Address: 9815 PALMA VISTA WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: SEC (X) Delete
Name: ALEXIS, CHIQUITA
Address: 9815 PALMA VISTA WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: TRES (X) Delete
Name: ALEXIS, MARNEL
Address: 9815 PALMA VAISTA WAY
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALEXIS, MARNEL PRES
Address: 1920 NE 5TH AVE
City-St-Zip: BOCA RATON, FL 33432

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

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

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

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 Chapter 119, 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: MARNEL ALEXIS PRES 04/27/2006
Electronic Signature of Signing Officer or Director Date