


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90092 050 \*\*\*150.00

<b>DOCUMENT # P03000013233</b> 1. Entity Name <b>MUTUAL INVESTORS GROUP, INC.</b>					
Principal Place of Business <b>21471 NW 40 CIRCLE CT.                  CAROL CITY, FL 33055</b>			Mailing Address <b>21471 NW 40 CIRCLE CT.                  CAROL CITY, FL 33055</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SOLOMON, LYNN D</b> <b>324 DATURA STREET</b> <b>SUITE 235</b> <b>WEST PALM BEACH, FL</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 _____ <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</b> <b>After May 1, 2004 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	PRES		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEPHEN R. THOMPSON</b>		NAME		
STREET ADDRESS	<b>21471 NW 40 CIRCLE CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAROL CITY, FL 33055</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SECR		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEPHEN R. THOMPSON</b>		NAME		
STREET ADDRESS	<b>21471 NW 40 CIRCLE CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAROL CITY, FL 33055</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<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>Stephen R Thompson</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>April 19, 2004</i>