

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109734

FILED
Apr 27, 2007
Secretary of State

Entity Name: MICHAELSON GROUP, INCORPORATED

Current Principal Place of Business:

12443 SAN JOSE BLVD.
604-C
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12443 SAN JOSE BLVD
604-C
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 56-2443047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSES, MICHAEL N
1890 ST. ROAD 13 SO
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: MOSES, MICHAEL N
Address: 12443 SAN JOSE BLVD. SUITE 604
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: MOSES, DAWN
Address: 12443 SAN JOSE BLVD. SUITE 604
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MICHAEL N. MOSES

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date