2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 03-23-2007 90005 049 ***150.00 DOCUMENT # P03000124405 1. Entity Name JOVIC GROUP, INC. 40039726 Principal Place of Business Mailing Address 8918 W. LANTANA ROAD 8918 W. LANTANA ROAD, SUITE #2 SUITE #2 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc Suite, Apt. #, etc 03202007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 56-2413575 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEFRISCO, VITTORIO 6224 BARTON CREEK CR Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33463 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OD OD TITLE Delete THEL Change Addition PEFRISCO, VITTORIO 4374 Hunting Trail NAME DEFRISCO, VITTORIO NAME STREET ADDRESS 6224 BARTON CREEK CR STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY - ST - ZIP Lake Worth, FL 33467 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEFRISCO, JOANNE NAME NAME STREET ADDRESS 8918 W. LANTANA ROAD, STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete HILE Change Addition NAME NAME, STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete inu. Addition NAME NAME STREET ADDRESS STREET ACCORESS CITY-SI-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Date:

Daytime Phone #

FILED Mar 23, 2007 8:00 am