

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

P03000134836



Entity No. AMERICA GROUP, INC.

Principal Place of Business
3825 HENDERSON BOULEVARD
SUITE 100
TAMPA, FL 33629 US

Mailing Address
P.O. BOX 18404
TAMPA, FL 33679



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2420322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REIBER, SAM I
3825 HENDERSON BOULEVARD
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IDRISSI, SAMIR 3825 HENDERSON BOULEVARD, SUITE 100 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JACOBSON, MELVIN S 3825 HENDERSON BOULEVARD, SUITE 100 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JACOBSON, MELVIN S 3825 HENDERSON BOULEVARD, SUITE 100 TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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.

SIGNATURE: *Mel S Jacobson* Date: *4/4/07* Daytime Phone #: *813-876-3131*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR