2004 FOR PROFIT CORPORATION

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DOCUMENT # P03000140835 i. Entity Name FINANCIAL STRATEGIES GROUP, INC.			٠,		051	INY 20 AM II:	01	
Principal Place 2727 KENSIN WESTON, FL	IGTON CIRCLE	Mailing Audress 2727 KFNSINGTON CIF WESTON, FL 33332	CLE		09	(9/04/	10215 C	124 /s.
	ace of Business J. Park Dr. #104 #, etc	3. Mailing Address 1525 N. Po	ark_D)(·				MIN 2010
City & State	<u> </u>	Suite 104 City & State We Ston Flo	serd	a	4. FEI Numb	113187	 - · ·	plied For I Applicable
Zip.	Country 6. Name and Address of Current	33326	Count		5. Certificate	of Status Desired Address of New Reg	\$8.75 Add Fee Required	itional
DEPROSPERO, KIMBERLY 2727 KENSINGTON CIRCLE WESTON, FL 33332				Name Street Address (P.O. Box North S. Flot Acceptable)				
				City			FL Zip Code	9
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 the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the obligations of the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am fami								
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10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTOR	5 IN 11
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SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

3-18-2005 954-880-4680 Daysne Proce #





May 10, 2005

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

FEI Number 56-2413187 Re: Financial Strategies Group, Inc. P03000140835 UBR 2004

To Whom It May Concern:

We are in response to your notice dated May 2nd 2005. A copy of which is enclosed. Please be advised the report was signed and mailed on the date of receipt.

Please realize we did not receive the original reject letter. You currently have \$150.00 on record; and we have enclosed \$150.00 for this year.

We are asking to **please waive** the reinstatement fees incurred. The original corporate report was signed and returned immediately upon us receiving it. We have complied and submitted documents as requested.

Please understand we cannot afford the \$600.00 we are being penalized for, when we complied with all filings and payments in a timely manner.

Sincerely

Kimberly DeProspero Enclosures attached