2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141066

Entity Name: TRAFALGAR CAPITAL GROUP, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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715 BLOOM STREET 20 N ORANGE AVE SUITE A 14TH FLOOR

CELEBRATION, FL 34747 US ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

715 BLOOM STREET 20 N ORANGE AVE

SUITE A 14TH FLOOR CELEBRATION, FL 34747 US ORLANDO, FL 32801 US

FEI Number: 20-0425968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVE. SUITE 1500 ORLANDO, FL 32803 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: MCCARTHY, KELLY Name: MURPHY, JOHN

Address: 715 BLOOM STREET, SUITE A Address: 20 N ORANGE AVE, 14TH FLOOR City-St-Zip: CELEBRATION, FL 34747 US City-St-Zip: ORLANDO, FL 32801 US

Title: VPT () Delete Title: VPT (X) Change () Addition

Name: EMERSON, JOHN Name: DAVIS, ROBERT

Address: 715 BLOOM STREET, SUITE A Address: 20 N ORANGE AVE, 14TH FLOOR City-St-Zip: CELEBRATION, FL 34747 US City-St-Zip: ORLANDO, FL 32801 US

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: HABER, LAWRENCE Name: HABER, LAWRENCE

Address: 715 BLOOM STREET, SUITE A Address: 20 N ORANGE AVE, 14TH FLOOR City-St-Zip: ORLANDO, FL 32747 US ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTIN C FLYNN JR AA 04/28/2004