

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007043

Entity Name: CASSETTE GROUP INC.

FILED
May 15, 2006
Secretary of State

Current Principal Place of Business:

5800 BEACH BLVD, STE 203
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5800 BEACH BLVD, STE 203
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-0612153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLEMANN, RICHARD
1351 13TH AVE. SOUTH, SUITE 140
JACKSONVILLE BCH, FL 32250 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASSETTE, RON
Address: 12497 HARBOR WINDS DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: CASSETTE, RON
Address: 12497 HARBOR WINDS DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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: RON CASSETTE

Electronic Signature of Signing Officer or Director

MR.

05/15/2006

_____ Date