


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000014065**

1. Entity Name  
**ST.GEORGE FINANCIAL CORP.**



Principal Place of Business      Mailing Address

**4145 HEIRLOOM ROSE DR  
 OVIEDO, FL 32766**                      **4145 HEIRLOOM ROSE DR  
 OVIEDO, FL 32766**



02122007      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3783009</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ST.GEORGE, RONALD A  
 4145 HEIRLOOM ROSE PL  
 OVIEDO, FL 32766**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000746741 05/16/07-80081-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES ST.GEORGE, RONALD A 4145 HEIRLOOM ROSE RD OVIEDO, FL 32768</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ST.GEORGE, LEONORA M 4145 HEIRLOOM ROSE RD OVIEDO, FL 32768</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC ST.GEORGE, BRYAN T 117 KRISTA-ANN COURT WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA ST.GEORGE, BRYAN T 117 KRISTA-ANN COURT WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Ronald A. St. George*      **RONALD A. ST.GEORGE**      4-24-07      321-263-6962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #