


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 046 ***150.00

DOCUMENT # P04000019455	
1. Entity Name PADILLA GROUP, INC.	

Principal Place of Business 4177 TIMBERLAKE DR NORTH JACKSONVILLE, FL 32256	Mailing Address 4177 TIMBERLAKE DR NORTH JACKSONVILLE, FL 32256
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300061303



2. Principal Place of Business 14451 Pelican Bay Ct Suite, Apt. #, etc.	3. Mailing Address 14451 Pelican Bay Ct Suite, Apt. #, etc.
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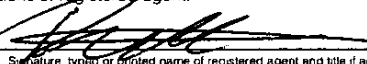
06272005 Chg-P CR2E034 (10/03)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32224	Country Duval
Zip 32224	Country Duval

4. FEI Number 20-0684353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PADILLA, ANA C 4177 TIMBERLAKE DR NORTH JACKSONVILLE, FL 32256	
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7. Name and Address of New Registered Agent Name Robert Padilla Street Address (P.O. Box Number is Not Acceptable) 14451 Pelican Bay Ct City Jacksonville FL Zip Code 32224	
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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  Robert Padilla P/D	DATE 7/22/05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADILLA, ANA C 4177 TIMBERLAKE DR NORTH JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADILLA, ROBERT 4177 TIMBERLAKE DR NORTH JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/I/T/D John Padilla 14451 Pelican Bay Ct Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Ottosen 14451 Pelican Bay Ct Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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SIGNATURE:  Robert Padilla	DATE 7/22/05 DAYTIME PHONE # 904-248-2917
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