## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 27, 2006 08:00 AM Secretary of State

1. Entity Nam	IMEN I # PU40004011 ESTMENT GROUP, INC.	3				
Principal Plac 3166 BROOK STUART, FL	X STREET	Mailing Address 3166 BROOK STREET STUART, FL 34997		s emmirmet lit	Ceun arru bern ben ben ben	o de l'arce l'arce de l'arce d
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DO NOT WRITE IN THIS SPA			GE	4. FEI Numbi 76-075		Applied Fo
<u> </u>				5. Certificate	of Status Desired	See Required
	6. Name and Address of Current Regi	stered Agent	4			
	ACCOUNTING SERVICE, INC MAPP ROAD		DO NOT WRITE			
PALM CITY, FL 34990			IN THIS SPACE			
{						
8. The above	named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or do	th, in the State of Flo	orida. I am familiar with, and acc
· · the obligat	iichs of registered agent.					
the obligates	<u> </u>		<u> </u>			
SIGNATURE.		e d applicable. (NOTE Registers	ed Agent signature required	when remare (mg)		DATE
SIGNATURE.	<u> </u>	9. Election Campaign Finar Trust Fund Contribution.	ncing _ \$5.	00 May Be	U0000 04/11/06	0481396 -80031-007 150.00
SIGNATURE_ FIL After M.	Signature, typed or printed name of registered agent and tall  E NOW!!! FEE (\$ \$150.00  ay 1, 2008 Fee will be \$550.00  OFFICERS AND DIRE	Election Campaign Finar Trust Fund Contribution.	ncing _ \$5.	<b>00</b> May Be	U0000 04/11/06	
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IN THIS SPACE

12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

FITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
BILE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06 Dalo

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