

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047019

Entity Name: TOBIAS GROUP, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1618 NW 13 ST.
FT. LAUDERDALE, FL 333115828

New Principal Place of Business:

Current Mailing Address:

1618 NW 13 ST.
FT. LAUDERDALE, FL 333115828

New Mailing Address:

FEI Number: 20-0810970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKERSON, CHARLANNE S
1618 NW 13 ST.
FT. LAUDERDALE, FL 333115828 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANKERSON, JOHN W
Address: 1618 NW 13 ST.
City-St-Zip: FT. LAUDERDALE, FL 333115828

Title: V () Delete
Name: HANKERSON, CHARLANNE S
Address: 1618 NW 13 ST.
City-St-Zip: FT. LAUDERDALE, FL 333115828

Title: S () Delete
Name: HANKERSON, STEPHANIE N
Address: 4443 TREEHOUSE LANE 20C
City-St-Zip: TAMARAC, FL 33319

Title: T () Delete
Name: HANKERSON, YOLANDA Y
Address: 4443 TREEHOUSE LANE 20C
City-St-Zip: TAMARAC, FL 33319

Title: O () Delete
Name: HANKERSON, JOHN C
Address: 1618 NW 13 ST.
City-St-Zip: FT. LAUDERDALE, FL 333115828

Title: O () Delete
Name: HANKERSON, STEPHEN
Address: 1618 NW 13 ST.
City-St-Zip: FT. LAUDERDALE, FL 333115828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HANKERSON, STEPHANIE N
Address: 1900 SW 81 AVENUE #110
City-St-Zip: N LAUDERDALE, FL 33068

Title: T (X) Change () Addition
Name: HANKERSON, YOLANDA Y
Address: 8260 SW 22 ST #F107
City-St-Zip: N LAUDERDALE, FL 33068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLANNE HANKERSON

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date