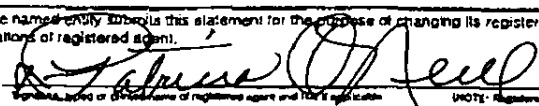


2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/9/

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-09-2005 90003 049 ***150.00

DOCUMENT # P04000049682			
1. Entity Name EXPRESS FINANCIAL GROUP, INC.			
Principal Place of Business 2709 SWAMP CABBAGE CT. FT. MYERS, FL 33901		Mailing Address 2709 SWAMP CABBAGE CT. FT. MYERS, FL 33901	
2. Principal Place of Business 5120 SW 18TH AVE Suite, Apt. #, etc.		3. Mailing Address 5120 SW 18TH AVE Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33914	Country US	Zip 33914	Country US
4. FEI Number 200881030		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEILL, PATRICIA 5120 SW 18TH AVE. CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: _____ Signature, name or both of registered agent and fee is required. (NOTE: Registered Agent signature required other than principal)			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD O'NEILL, JAMES L 5120 SW 18TH AVE. CAPE CORAL, FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD O'NEILL, PATRICIA 5120 SW 18TH AVE. CAPE CORAL, FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.			
SIGNATURE: 		5/26/05 239-823-9827	