


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

03-28-2005 90050 035 ***150.00

DOCUMENT # P04000050686

1. Entity Name
SIGMA GROUP, INC.



Principal Place of Business Mailing Address
3175 S CONGRESS AVE, STE 301 **3175 S CONGRESS AVE, STE 301**
PALM SPRINGS, FL 33461 **PALM SPRINGS, FL 33461**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01122005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-2714898 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRENSHAW, KENNETH B
3175 S CONGRESS AVE, STE 301
PALM SPRINGS, FL 33461

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Kenneth B. Crenshaw* 3-23-06 861-439-6108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT
66012695 # P04000050686

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-2714898 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested SIGMA GROUP INC		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 3175 S CONGRESS AVE SUITE 301		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code PALM SPRINGS FL 33461 -		5b City, state, and ZIP code
6* County and state where principal business is located County PALM BEACH State FL		
7a* Name of principal officer, general partner, grantor, owner, or trustor KENNETH B CRENSHAW		7b* SSN, ITIN, EIN 261-66-6394
8a* Type of entity (check only one)		
<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Personal Service <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ Group Exemption NO. (GEN) ▶ _____		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country
State FL		
9* Reason for applying (check only one)		
<input checked="" type="checkbox"/> Started new business (specify type) <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ ▶ CONSULTING <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
10* Date business started or acquired (month, day, year) MAY 1 2004		11* Closing month of accounting year DEC
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶		
13 Highest number of employees expected in the next twelve months <i>Note: if the applicant does not expect to have any employees during the period, enter "0."</i>		
Agriculture <u>0</u> Household <u>0</u> Other <u>0</u>		
14* Check box that best describes the principal activity of your business		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) BUSINESS CONSULTING		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. FINANCIAL AND OTHER ADVISING		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) _____ City and state where filed _____ Previous EIN _____		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name Address and ZIP code	Designee's telephone number (include area code) () - - Designee's fax number (include area code) () - -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ KENNETH B CRENSHAW Signature ▶ Not Required Date ▶ April 21, 2005 GMT		Applicant's telephone number (include area code) (561) 439 - 6100 Applicant's fax number (include area code) (561) 439 - 6102

ATTACHMENT



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The Digital Daily

P04005050686

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[Home](#) | [Form SS-4](#) | [EIN Help](#) | [Links of Interest](#)

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-2714898

Today's Date is: April 21, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.