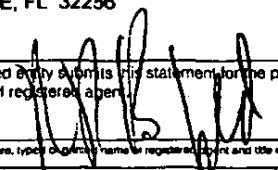
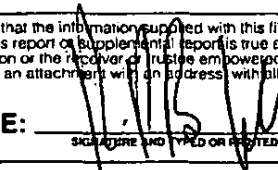


2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/7

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-07-2005 90281 026 ***150.00

DOCUMENT # P04000080220			
1. Entity Name THE CERTIFICATION GROUP, INC.			
Principal Place of Business 9471 BAYMEADOWS ROAD SUITE 202 JACKSONVILLE, FL 32256 US		Mailing Address 9471 BAYMEADOWS ROAD SUITE 202 JACKSONVILLE, FL 32256 US	
2. Principal Place of Business 9116 CYPRUS GREEN DR SUITE, Apt. #, etc. 105 JACKSONVILLE, FL 32256 USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-1143493		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BERGFELD, RUDOLPH P 9471 BAYMEADOWS ROAD SUITE 202 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name: BERGFELD, Rudolph P. Street Address (P.O. Box Number is Not Acceptable): 9116 CYPRUS GREEN DR City: JACKSONVILLE FL Zip Code: 32256	
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: March 2, 2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P BERGFELD, RUDOLPH P 9471 BAYMEADOWS ROAD, SUITE 202 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH T. PATERNO, JR. 9116 CYPRUS GREEN DR SUITE # 105 JACKSONVILLE FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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: 		R. Bergfeld, Chair 3/5/05 (904) 703-9350	

66008993



01032005 Chg-P CR2E034 (10/03)