## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000090686

City-St-Zip:

TARPON SPRINGS, FL 34688

Entity Name: AXIS GROUP SOUTHEAST, INC

FILED Jul 20, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
2623 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759				2625 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759		
Current Mailing Address:				New Mailing Address:		
2623 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759				2625 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759		
FEI Number:	20-1232725	FEI Number Applied For ( )	FEI Numb	er Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
EDWARDS, THOMAS J 2623 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759 US				EDWARDS, THOMAS J 2625 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759 US		
	named entity : e of Florida.	submits this statement for the p	ourpose of o	changing its registere	d office or registered agent, or both,	
SIGNATURE:				07/20/2006		
Electronic Signature of Registered Agent				Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (  ).	t receive the	prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES ( ) EDWARDS, TH 418 SILVER MO TARPON SPRII	OSS LANE	۸ م	ïtle: lame: \ddress: \ity-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PUGHE, THOM 3941 NE 31ST		۸ م	ritle: Jame: kddress: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	SEC ( ) EDWARDS, SH 418 SILVER M		N	ïtle: lame: \ddress:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: SHAWNA L EDWARDS SECR 07/20/2006