


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000090686</b> 1. Entity Name AXIS GROUP SOUTHEAST, INC.	
--	---

Principal Place of Business 2625 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759	Mailing Address 2625 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759
--	--

**DO NOT WRITE IN THIS SPACE**



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1232725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  EDWARDS, THOMAS J 2625 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	U00000773107 08/31/07-80001-004 150.00
--	---

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES EDWARDS, THOMAS J 418 SILVER MOSS LANE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PUGHE, THOMAS J 3941 NE 31ST AVENUE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA EDWARDS, SHAWNA L 418 SILVER MOSS LANE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

<b>SIGNATURE:</b> <u>Shawna Edwards</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7-13-07</u> <u>727-669-2585</u> <small>Date Daytime Phone #</small>
--	---