## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000118509

Entity Name: FML GROUP, INC.

City-St-Zip:

POMPANO BEACH, FL 33060

FILED May 23, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
700 EAST ATLANTIC BLVD STE #302 POMPANO BEACH, FL 33060				700 EAST ATLANTIC BLVD STE			
				#302 POMPANO BEACH, FL 33060			
Current Mailing Address:				New Mailing Address:			
700 EAST ATLANTIC BLVD STE #302 POMPANO BEACH, FL 33060				700 EAST ATLANTIC BLVD			
				#302 POMPANO BEACH, FL 33060			
FEI Number: 16-1706428 FEI Number Applied For ( )		FEI Number Not Applicable ( )			Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1840 SW 2 4TH FLOC		.A.					
	named entity e of Florida.	submits this statement for the p	ourpose of	changing i	ts registere	d office or registered agent, o	or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
		93(2)(b), F.S., the corporation did no	ot receive th	e prior notic	e.		
	S AND DIREC	•		ADDITION	S/CHANG	ES TO OFFICERS AND DIR	ECTORS
Title: Name: Address: City-St-Zip:	SALADINO, RI 700 EAST ATL	) Delete CHARD J ANTIC BLVD STE #302 ACH, FL 33060		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DELUCA, VICT 700 EAST ATL	) Delete FOR ANTIC BLVD STE #302 ACH, FL 33060		Title: Name: Address: City-St-Zip:		(X) Change () Addition /INCENT V .TLANTIC BLVD STE #302 BEACH, FL 33060	
Title: Name: Address:	GERARDI, VÌN	() Delete CENT ANTIC BLVD STE #302		Title: Name: Address:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD SALADINO P 05/23/2005