2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P04000132296

Entity Name: ACEL GROUP, INC.

Current Principal Place of Business:

1858 NW 139 TERRACE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1858 NW 139 TERRACE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-1661381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLUVIOSE, LEZINSKA
1864 NW 140 TERRACE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARIOL, ETIENNE
Address: 1858 NW 139 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete
Name: MONESTIME, CAMILLE
Address: 146-26 230 STREET
City-St-Zip: ROSEDALE, NY 11413

Title: D ( ) Delete
Name: PLUVIOSE, LEZINSKA
Address: 1864 NW 140 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: AUBOURG, ARIANE
Address: 17 MOLDEN AVE
City-St-Zip: LYNBROOK, NY 11563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LEZINSKA PLUVIOSE D 04/30/2006

Electronic Signature of Signing Officer or Director — Date