## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000142774

Address:

City-St-Zip:

Entity Name: MASTERS FINANCIAL GROUP, INC.

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
561 E MITCHELL HAMMOCK RD SUITE 400 OVIEDO, FL 32765				561 E MITCHELL HAMMOCK RD SUITE 300 OVIEDO, FL 32765				
Current Mailing Address:				New Mailing Address:				
561 E MITCHELL HAMMOCK RD SUITE 400 OVIEDO, FL 32765				561 E MITCHELL HAMMOCK RD SUITE 300 OVIEDO, FL 32765				
FEI Number:	: 20-1400069	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certific	ate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
2360 TURI OVIEDO, F The above		JS submits this statement for the	purpose o	f changing i	ts registered	office or	registered agent, or both,	
SIGNATU								
SIGNATOR		nic Signature of Registered Ag	ent				Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PRES ( CHUTORANSK 2360 TURNBE OVIEDO, FL 3	RRY DR		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	,			Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	SRVP ( GORAK, EDV 3093 NICHOL WINTER PAR	VARD J .SON AVE	(X) Addition	
Title: Name:	(	) Delete		Title: Name:	VP ( MATHEWS, F		(X) 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.

Address:

City-St-Zip:

3093 NICHOLSON AVE WINTER PARK, FL 32792

SIGNATURE: PETER CHUTORANSKY III PRES 03/29/2007