2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 03, 2007
Secretary of State

DOCUMENT# P04000142774

Entity Name: MASTERS FINANCIAL GROUP, INC.

Current Principal Place of Business:

561 E MITCHELL HAMMOCK RD
SUITE 300
OVIEDO, FL 32765

New Principal Place of Business:

2360 TURNBERRY DR
OVIEDO, FL 32765

Current Mailing Address:

561 E MITCHELL HAMMOCK RD
SUITE 300
OVIEDO, FL 32765

New Mailing Address:

2360 TURNBERRY DR
OVIEDO, FL 32765

FEI Number: 20-1400069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUTORANSKY, PETER III
2360 TURNBERRY DR
OVIEDO, FL 32765 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CHUTORANSKY, PETER III
Address: 2360 TURNBERRY DR
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete
Name: CHUTORANSKY, JENNIFER D
Address: 2360 TURNBERRY DR
City-St-Zip: OVIEDO, FL 32765

Title: SRVP ( ) Delete
Name: GORAK, EDWARD J
Address: 3093 NICHOLSON AVE
City-St-Zip: WINTER PARK, FL 32792

Title: VP ( ) Delete
Name: MATHEWS, HEATHER
Address: 3093 NICHOLSON AVE
City-St-Zip: WINTER PARK, FL 32792

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 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: PETER CHUTORANSKY PRES 10/03/2007

Electronic Signature of Signing Officer or Director — Date