2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000143312 1. Entity Name THE G, GROUP, OF ORLANDO, INC. Principal Place of Business Mailing Address 1801 E COLONIAL DR 1801 E COLONIAL DR ORLANDO, FL 32803 ORLANDO, FL 32803 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED May 03, 2006 8:00 am Secretary of State

05-03-2006 90231 010 ***150.00

40085511



04202006 No Chg-P

CR2E034 (11/05)

Applied For 4. FEI Number 20-1760228 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone (

CENTRAL FLORIDA FINANCIAL SVC LLC 1119 BARBADOS AVE ORLANDO FL 32825

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE 1S \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			· -	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,ST GONZALEZ, ALGIDES 1801 E COLONIÁL DR # 211 ORLANDO, FL \$2803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 appowered.					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR