
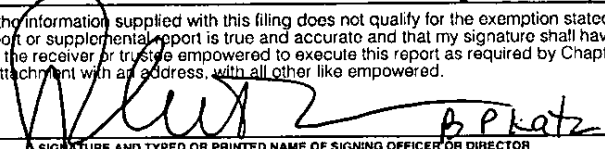


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000160264</b> 1. Entity Name <b>FIRST NATIONAL EQUITY GROUP, INC.</b>						<b>FILED</b> <b>05 JUL 21 AM 11:01</b> MISSISSIPPI, FLORIDA	
Principal Place of Business <b>1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137</b>				Mailing Address <b>1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>KATZ, B. PAUL</b> <b>1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE</b> <b>PALM COAST, FL 32137</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>20-1929651</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
DATE				DATE			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KATZ, B. PAUL</b> <b>1 FLORIDA PARK DR S, ATRIUM</b> <b>PALM COAST, FL 32137</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - D <b>KATZ, B. PAUL</b> <b>1 Florida Park Dr. South, Atrium</b> <b>Palm Coast, FL 32137 Ste.</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - D <b>Paszkievicz, John Karl</b> <b>PO Box 353154</b> <b>Palm Coast, FL 32135</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - D <b>Mulligan, Michael</b> <b>3705 NW 130th Ave.</b> <b>Ocala, FL 34482</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Butler, Laura</b> <b>1281 N. Allwood Circle</b> <b>Anaheim, CA 92807</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Katz, Donna</b> <b>PO Box 395</b> <b>Bunnell, FL 32110</b>		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.				300057892163 07/26/05--01007--016 **61.25			
<b>SIGNATURE:</b> 				1 July 05 (386)446-4469			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			