2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P04000160264

Entity Name: FIRST NATIONAL EQUITY GROUP, INC.

Current Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 20-1929651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, B. PAUL
1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST, FL 32137 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:	PD	( ) Delete
Name:	KATZ, B. PAUL	
Address:	1 FLORIDA PARK DR SPUTH,ATRIUM	
City-St-Zip:	PALM COAST, FL 32137	
Title:	VPD	( ) Delete
Name:	KATZ, SIMON E	
Address:	148 BIRCHWOOD DRIVE	
City-St-Zip:	PALM COAST, FL 32137	
Title:	VPD	( ) Delete
Name:	MULLIGAN, MICHAEL	
Address:	3705 NW 130TH AVE	
City-St-Zip:	OCALA, FL 34482	
Title:	VPD	( ) Delete
Name:	UZSINAY, YOSI P	
Address:	1 FLORIDA PARK DRIVE SOUTH	
City-St-Zip:	PALM COAST, FL 32137	
Title:	D	( ) Delete
Name:	KATZ, DONNA	
Address:	P.O.BOX 395	
City-St-Zip:	BUNNELL, FL 32110	

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:	
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: B. PAUL KATZ PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date