2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171520

City-St-Zip:

OCALA, FL 34474

FILED May 09, 2007 Secretary of State

Entity Name: RE-ENTRY CONSULTANTS GROUP, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
50 N.E. 351 OCALA, FL	TH STREET . 34479				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 819 OCALA, FL 344780819					
FEI Number:	59-2771223	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DECASREO, BERNIE 50 N.E. 35TH STREET OCALA, FL 34479 US			DECASTRO, BERNIE 50 N.E. 35TH STREET OCALA, FL 34479 U	50 N.E. 35TH STREET	
The above in the State		submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BERNIE DECASTRO				05/09/2007	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () EDWARDS, ST 85 S.W. 52ND & OCALA, FL 34	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () CURINGTON, E 2652 N.E. 24TH OCALA, FL 34	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BOOTH, AL) Delete H AVENUE UNIT 2	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: STEVE EDWARDS 05/09/2007 PD