2007 FOR PROFIT CORPORATION.

FILED Feb 08, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P05000028046 THE KESSELMAN GROUP, INC. Mailing Address Principal Place of Business 8058 NW 128TH LN 8058 NW 128TH LN PARKLAND, FL 33076 PARKLAND, FL 33076 01102007 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2522358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENGELHARD, SHELDON DO NOT WRITE 7900 GLADES RD STE 330 BOCA RATON, FL 33434 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDS TITLE KESSELMAN, GERALD NAME STREET ADDRESS 8058 NW 128TH LN PARKLAND, FL 33076 CITY-ST-ZIP U00000627662 02/15/07-80070-013 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information applied with this filing does not qualify for the exemptions contained in Chaptel 119. Florida Statutes. I further certify that the information indicated on this report or supplied with 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 by trustee empoyered 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 altachyten with an additional productions. With all fother like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR