2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000032982 \*\*

1. Entity Name

THE DAVINCI GROUP, INC.



FILED Jul 10, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

859 JEFFERY STREET

859 JEFFERY STREET

# 105

# 105

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33487 US

BOCA RATON, FL 33487

US



07052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 27-0123933

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAAS, CAROL 859 JEFFERY STREET #105

## DO NOT WRITE IN THIS SPACE

#105 BOCA RATON, FL FL			IN THIS SPACE		
	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or n	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE					
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing \$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAAS, KENNETH R II 859 JEFFERY STREET, #105 BOCA RATON, FL 33487 VP HAAS, CAROL 859 JEFFERY STREET, #105 BOCA RATON, FL 33487	CTORS			U00000768022 07/10/07-80028-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HAAS, JACOB A 859 JEFFERY STREET, #105 BOCA RATON, FL 33487				NOT WRITE THIS SPACE

12. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP



Carol Haas

July 5, 2007