2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000049193

1. Entity Name
THE INOVIS GROUP INCORPORATED

Principal Place of Business	Mailing Address
62 NORTH LAKE CORTEZ DR. APOPKA, FL 32703	62 NORTH LAKE CORTEZ DR. APOPKA, FL 32703

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1500 Belmont Drive	1500 Belmont Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip FE 32806 Country USA	Zip 32806 Country

04132007   Chg-P   CR2E034 (12/06)

4. FEI Number 20-2603963	Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUTH, JAMES E II 62 NORTH LAKE CORTEZ DR. APOPKA, FL 32703	Name
	Street Address (P.O. Box Number is Not Acceptable) 1500 Belmont Drive
	City Orlando FL Zip Code 32806

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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME HUTH, JAMES E II STREET ADDRESS 62 NORTH LAKE CORTEZ DR. CITY-ST-ZIP APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS 1500 Belmont Drive CITY-ST-ZIP Orlando FL 32806 ☒ Change ☐ Addition
TITLE VP NAME HUTH, ERICA C STREET ADDRESS 62 NORTH LAKE CORTEZ DR. CITY-ST-ZIP APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS 1500 Belmont Drive CITY-ST-ZIP Orlando FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: _____   4-13-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #