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Secretary of State

01-29-2007 90088 030 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000055380

1. Entity Name
THE CORBIN GROUP, INC.

60008995

01222007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
601 N. CONGRESS AVE., STE. 434 DELRAY BEACH, FL 33445	601 N. CONGRESS AVE., STE. 434 DELRAY BEACH, FL 33445

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4429 ANTIETAM CREEK TRAIL		4429 ANTIETAM CREEK TRAIL	
Suite, Apt. #, etc.: 100		Suite, Apt. #, etc.: 100	
City & State: LEESBURG FL		City & State: LEESBURG FL	
Zip: 34748	Country: LAKE	Zip: 34748	Country: LAKE

4. FEI Number: 54-1406380 ☐ 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
CORBIN, RICHARD P. 601 N. CONGRESS AVE., STE. 434 DELRAY BEACH, FL 33445	Name: CORBIN, RICHARD P. Street Address (P.O. Box Number is Not Acceptable): 4429 ANTIETAM CREEK TRAIL SUITE 100 City: LEESBURG FL Zip Code: 34748

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] 1/2/07
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP CORBIN, RICHARD P. 601 N. CONGRESS AVE., STE. 434 DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, P.S. CORBIN, RICHARD P. 4429 ANTIETAM CREEK TRAIL, SUITE 100 LEESBURG FL 34748	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORBIN, DONNA M. 601 N. CONGRESS AVE., STE. 434 DELRAY BEACH, FL 33445	☒ 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
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
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: [signature] 1/2/07 352 314 9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #