

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-10-2007 90031 029 ***150.00

DOCUMENT # PO5000058985	
1. Entity Name The Southern Group Associates, Inc	

DO NOT WRITE IN THIS SPACE

66017884

2. Principal Place of Business 5327 Fort Rd	3. Mailing Address PO Box 267
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Greenwood FL	City & State Greenwood, FL
Zip 32443	Zip 32443
Country USA	Country USA

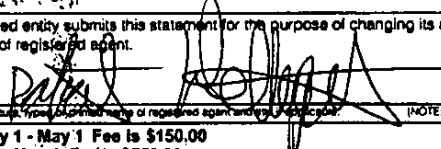
4. FEI Number 20-2743566	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City FL	Zip Code _____

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.

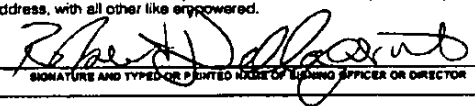
SIGNATURE: 	DATE: 5-30-07
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Robert Dellaperta P-T-S Same as above	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Michael Dellaperta Same as above	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE: 5-2-07	Daytime Phone #: 850-594-7130
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CR2E034B (12/02)

ATTACHMENT

To Whom it May Concern, 66017884
P05000058985

Sorry that this is late, but we did
not receive any notice to file for either
Corp.

Thank you

Robert Dellaporta