

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062688

Entity Name: THE LIONHEAD GROUP, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

2030 DOUGLAS ROAD  
120  
CORAL GABLES, FL 33134

## Current Mailing Address:

609 OCEAN DRIVE  
#7G  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

609 OCEAN DRIVE  
#7G  
KEY BISCAYNE, FL 33149 US

## New Mailing Address:

609 OCEAN DRIVE  
7G  
KEY BISCAYNE, FL 33149 US

FEI Number: 06-1768263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZAMORA, ROSA M PRES.  
609 OCEAN DRIVE  
#7G  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZAMORA, ROSA M  
Address: 609 OCEAN DRIVE, #7G  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Delete  
Name: FERRE, FLORENCE M  
Address: 609 OCEAN DRIVE, #7G  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Delete  
Name: PANTALEON, MAGDA M  
Address: 2450 BRICKELL AVE. #16R  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA M ZAMORA

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date