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2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P05000087343

Entity Name
 UTOPIA GROUP, INC.



FILED Aug 07, 2006 8:00 am Secretary of State

08-07-2006 90042 012 ***550.00

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Principal Place of Business 1630 MYRTLE LAKE HILLS ROAD LONGWOOD, FL 32750 Mailing Address 1630 MYRTLE LAKE HILLS ROAD LONGWOOD, FL 32750		.D						
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.								
City & State City & State						CRZEU.	<u> </u>	plied For
				20-39	46999		_ 	t Applicable
Country	Zip Count		try	5. Certificate	of Status Desired			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
WALTERHOUSE, KATHERINE S 1630 MYRTLE LAKE HILLS ROAD LONGWOOD, FL 32750								
			Sueer Address (F.O. Dox Number is Not Acceptable)					
			City			EI	Zip Code	e
antibusubmits this statement to	s the purpose of changing it	- cogistors		stored egent, or be	th in the State of Ele			
the obligations of registered agent. SIGNATURE								
Types or prince in the response angeri								
				55.00 May Be added to Fees				
10. OFFICERS AND DIRECTORS 11.				ADDITIONS,	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
MYRTLE LAKE HILLS ROA	3	NAME STREE	ET ADDRESS				Change	☐ Addition
MYRTLE LAKE HILLS ROA	☐ Delete	NAME STREE	ET ADDRESS				Change	Addition
WOOD, 11 32730	☐ Delete	TITLE NAME STREE	ET ADDRESS				Change	☐ Addition
41.74-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	☐ Delete	NAME STREE	E Et address				Change	Addition
	□ Delete	TITLE NAMI STRE	E et adoress				☐ Change	Addition
at the information supplied with	☐ Delete	NAMI STREI CITY-	E Et address -St-Zip				☐ Change	Addition
	Country Lame and Address of Current E, KATHERINE S AKE HILLS ROAD and a statement for egistered agent. Typed or printed name of registered agent. WILL S \$550.00 September 6, 2006 OFFICERS AND TERHOUSE, KATHERINE S MYRTLE LAKE HILLS ROAS WOOD, FL 32750 TERHOUSE, STEVEN D	HILLS ROAD 750 1630 MYRTLE LAKE H LONGWOOD, FL 3275 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Izme and Address of Current Registered Agent E, KATHERINE S AKE HILLS ROAD 32750 entity submits this statement for the purpose of changing it egistered agent. (NO WITH FEE IS \$550.00 September 6, 2006 OFFICERS AND DIRECTORS FERHOUSE, KATHERINE S MYRTLE LAKE HILLS ROAD GWOOD, FL 32750 FERHOUSE, STEVEN D MYRTLE LAKE HILLS ROAD GWOOD, FL 32750 Delete Delete Delete	HILLS ROAD 750 1630 MYRTLE LAKE HILLS ROAD 750 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country AKE HILLS ROAD 32750 entity submits this statement for the purpose of changing its registere egistered agent. (NOTE: Registered agent and tide if applicable. NOTE: Registered agent and tide if	Mailing Address HILLS ROAD 1630 MYRTLE LAKE HILLS ROAD LONGWOOD, FL 32750 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Lame and Address of Current Registered Agent KATHERINE S AKE HILLS ROAD 32750 City entity submits this statement for the purpose of changing its registered office or registered agent. WIII FEE IS \$550.00 September 6, 2006 OFFICERS AND DIRECTORS 11. JERHOUSE, KATHERINE S MYRTLE LAKE HILLS ROAD SWOOD, FL 32750 Delete TERHOUSE, STEVEN D MYRTLE LAKE HILLS ROAD SWOOD, FL 32750 Delete TILL NAME STREET ADDRESS GTY-ST-ZIP Delete TITLE NAME STREET ADDRESS GTY-ST-ZIP Delete	Mailing Address HILLS ROAD 1630 MYRTLE LAKE HILLS ROAD 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country To Name and Address of Current Registered Agent To Name Street Address (P.O. Box Numb City entity submits this statement for the purpose of changing its registered office or registered agent, or bo opistered agent. Typed or prised name of registered agent and tide if applicable. (NOTE: Registered Agent sortised required when rendancy) WIII FEE IS \$550.00 September 6, 2008 OFFICERS AND DIRECTORS 11. ADDITIONS. TERHOUSE, KATHERINE S MYRTLE LAKE HILLS ROAD SYNOOD, FL 32750 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	Malling Address HILLS ROAD 1530 MYRTLE LAKE HILLS ROAD 1500 LONGWOOD, FL 32750 Susiness 3. Mailing Address Suite, Aprl. #, etc. Country Zip Country Zip Country Zip Country 5. Certificate oi Status Desired Name A FEI Number is Not Acceptable F, KATHERINE S AKE HILLS ROAD 32750 City Street Address (P.O. Box Number is Not Acceptable City City To Name and Address of Current Registered Agent F, KATHERINE S AKE HILLS ROAD 32750 City Will FEE IS \$550.00 September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS Detele TILL NAME STREET ADDRESS GTY-S1-ZP DETERLED TO THE TILL	Mailing Address 1630 MYRILE LAKE HILLS ROAD 1500 LONGWOOD, FL 32750 3. Mailing Address Suite, Apt. #, etc. City & State Country Iame and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. KATHERINE S AKE HILLS ROAD 3. 2750 City FL country Injured or present agent and life if Augstacide. NOIL: Registered agent separate required when remaining in the State of Florida. I am fregistered agent, or both, in the State of Florida. I am fregistered agent and life if Augstacide. Williams FEE IS \$550.00 September 6, 2006 9. Election Campaign Financing September 6, 2006 Title Title Nout. SIRET ADDRESS MYRTLE LAKE HILLS ROAD Delete TITLE Nout. SIRET ADDRESS GITY ST-2P Delete SIRET ADDRESS GITY ST-2P SIRET ADDRESS GITY ST-2P Delete SIRET ADDRESS GITY ST-2P GITY ST-2P	Mailing Address HILLS ROAD 1630 MRITE LAKE HILLS ROAD LONGWOOD, FL 32750 Sustiness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country To Country To Country To Country To Country Zip Country Zip Country To Name and Address of New Registered Agent To Name and Address of New Registered Agent Name Susest Address (P.O. Box Number is Not Acceptable) City FL Zip Cod To City FL To City To City

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:	SAGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
	SUGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/200 (C)
Date Daytime Prione #