


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90217 029 ***150.00

DOCUMENT # P05000103504

1. Entity Name
MGT INTELLIGENCE GROUP, INC.



Principal Place of Business
**7128 NW 65TH TERRACE
 PARKLAND, FL 33067**

Mailing Address
**7128 NW 65TH TERRACE
 PARKLAND, FL 33067**

2. Principal Place of Business
5820 Lyons Technology Cir

3. Mailing Address
5820 Lyons Tech Cir

Suite, Apt. #, etc.
125

City & State
Coconut Creek, FL

City & State
Coconut Creek, FL

Zip
33073

Country
Broward

Zip
33067

Country
Broward



04192006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**OSMAN, MOHAMED
 7128 NW 65TH TERRACE
 PARKLAND, FL 33067**

7. Name and Address of New Registered Agent
 Name **Mohamed E. Osman**
 Street Address (P.O. Box Number is Not Acceptable)
5820 Lyons Tech Cir
 Suite **125**
 City **Coconut Creek** **FL** Zip Code **33073**

4. FEI Number
26-0122435

Applied For
 Not Applicable

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

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]* **CEO** DATE **4/19/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D OSMAN, MOHAMED 7128 NW 65TH TERRACE PARKLAND, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDYNIK, GEORGE 7128 NW 65TH TERRACE PARKLAND, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILER, TONY 7128 NW 65TH TERRACE PARKLAND, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **CEO** DATE **4/19/05** Daytime Phone # **954-480-3450**

Signature and typed or printed name of signing officer or director