## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000103504

Entity Name: MGT INTELLIGENCE GROUP, INC.

FILED Apr 24, 2007 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 6820 LYONS TECHNOLOGY CR 3500 GATEWAY DRIVE SUITE 103 SUITE 125 COCONUT CREEK, FL 33073 POMPANO BEACH, FL 33069 US **Current Mailing Address:** New Mailing Address: 3500 GATEWAY DRIVE 6820 LYONS TECHNOLOGY CR SUITE 125 SUITE 103 COCONUT CREEK, FL 33073 POMPANO BEACH, FL 33069 US FEI Number: 26-0122435 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: OSMAN, MOHAMED OSMAN, MOHAMED 6820 LYONS TECHNOLOGY CR 3500 GATEWAY DRIVE SUITE 125 SUITE 103 COCONUT CREEK, FL 33073 US POMPANO BEACH, FL 33069 US 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: 04/24/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition

City-St-Zip:

OSMAN, MOHAMED OSMAN, MOHAMED Name: Name: 7128 NW 65TH TERRACE 7128 NW 65TH TERRACE Address: Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: PARKLAND, FL 33067 US Title: Title: () Delete (X) Change ( ) Addition SILER, TONY Name: SILER TONY Name: 7128 NW 65TH TERRACE 6096 D PINE TREE LANE Address: Address: PARKLAND, FL 33067 TAMARAC, FL 33319 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete ( ) Change (X) Addition COX, FREDERICK D Name: Name: 9100 QUAIL TRAIL Address Address: City-St-Zip: City-St-Zip: JUPITER, FL 33478 US Title: () Delete Title: ( ) Change (X) Addition LUNING, RICHARD A Name: Name: Address: Address: 7067 SAINT CLAIR COURT

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

LAKE WORTH, FL 33467 US

SIGNATURE: MOHAMED OSMAN D 04/24/2007