2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130690

Entity Name: THE HERSHEY GROUP, INC.

Jul 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

401 E LAS OLAS BLVD 629 KENSINGTON PLACE

WILTON MANORS, FL 33305 US 1400 FORT LAUDERDALE, FL 33301 US

New Mailing Address: Current Mailing Address:

P.O. BOX 4218

FT LAUDERDALE, FL 33338 US

FEI Number: 13-4308926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERSHEY, DREW HERSHEY, DREW

629 KENSINGTON PLACE 401 E LAS OLAS BLVD

WILTON MANORS, FL 33305 US 1400

FORT LAUDERDALE, FL 33301 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: DREW HERSHEY 07/27/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HERSHEY, DREW HERSHEY, DREW Name: Name: 401 E LAS OLAS BLVD, SUITE 1400 P O BOX 4218 Address: Address:

City-St-Zip: FORT LAUDERDALE, FL 33301 US City-St-Zip: FORT LAUDERDALE, FL 33338 US

Title: Title: () Delete (X) Change () Addition

LEAVEL, WILLARD LEAVEL, WILLARD Name: Name: 401 E LAS OLAS BLVD, SUITE 1400 Address: P O BOX 4218 Address:

FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33338 City-St-Zip: 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.

Ρ SIGNATURE: DREW HERSHEY 07/27/2007