

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150002

Entity Name: ANSHA FINANCIAL GROUP, INC.

FILED  
Jun 15, 2006  
Secretary of State

## Current Principal Place of Business:

6999-02 MERRILL RD STE 326  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

## Current Mailing Address:

6999-02 MERRILL RD STE 326  
JACKSONVILLE, FL 32277

## New Mailing Address:

FEI Number: 20-3774560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOBBAN, NORMAN A  
4448 INVERRARY BLVD  
LAUDERHILL, FL 33319 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

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:

Title: DPT ( ) Delete  
Name: CUMMINS, SHARON  
Address: 3419 VOLLEY CT  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DVS ( ) Delete  
Name: CUMMINS, ANDREW  
Address: 3419 VOLLEY CT  
City-St-Zip: JACKSONVILLE, FL 32277

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: CUMMINGS, SHARON  
Address: 3590 VICTORIA LAKES DR. N  
City-St-Zip: JACKSONVILLE, FL 32226

Title: DVS (X) Change ( ) Addition  
Name: CUMMINGS, ANDREW  
Address: 3590 VICTORIA LAKES DR. N  
City-St-Zip: JACKSONVILLE, FL 32226

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.

SIGNATURE: SHARON CUMMINGS

PRES

06/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date