2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# P06000032681

Entity Name: DOUBLE GROUP, INC.

Current Principal Place of Business:

4300 SHERIDAN ST
AP 234
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

103 PONCE DE LEON ST
ROYAL PALM BEACH, FL 33411 US

Current Mailing Address:

4300 SHERIDAN ST
AP 234
HOLLYWOOD, FL 33021 US

New Mailing Address:

103 PONCE DE LEON ST
RORAL PALM BEACH, FL 33411 US

FEI Number: 20-5532982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, CARLOS M
4300 SHERIDAN ST
AP 234
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

GOMEZ, CARLOS M
103 PONCE DE LEON ST
ROYAL PALM BEACH, FL 33411 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: 01/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: GOMEZ, CARLOS M
Address: 4300 SHERIDAN ST AP 234
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D ( ) Delete
Name: GOMEZ, CARLOS
Address: 4300 SHERIDAN ST AP 234
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D (X) Delete
Name: GOMEZ, ANDRES
Address: 2611 SW 59 MANOR HOUSE 1
City-St-Zip: FT LAUDERDALE, FL 33312 US

Title: VP (X) Delete
Name: DAVID LESLIE FREEMAN,
Address: 4300 SHERIDAN ST APT 234
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: GOMEZ, CARLOS M
Address: 103 PONCE DE LEON ST
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP (X) Change ( ) Addition
Name: FREEMAN, DAVID L
Address: 103 PONCE DE LEON ST
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: CARLOS M GOMEZ PRES 01/28/2008
Electronic Signature of Signing Officer or Director — Date