2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2007 8:00 am Secretary of State DOCUMENT # P06000041702 Entity Name 05-01-2007 90031 048 ***155.00 PROCUREMENT GROUP INC Principal Place of Business Mailing Address 14013 SW 90TH AVENUE 14013 SW 90TH AVENUE D 206 MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E034 (12/06) Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A BERNARD FINANCIAL SERVICES Street Address (P.O. Box Number is Not Acceptable) 9032 SW 152ND STREET MIAMI, FL 33157 City Zip Code 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** ☐ Delete TITLE Change ☐ Addition DYER, YANICK NAME NAME 14013 W 90TH AVENUE STE D 206 STREET ADDRESS STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P IM F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change MUE □ Delete ITDE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does for 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 te 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. FITZ DYEN SIGNATURE:

OFFICER OR DIRECTOR

FILED