2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# P06000067739

Entity Name: S.F.C. GROUP, INC.

Current Principal Place of Business:

18950 US HWY 441,
#101
MOUNT DORA, FL 32757

New Principal Place of Business:

1260 BELLE AVE
#207
WINTER SPRINGS, FL 32708

Current Mailing Address:

18950 US HWY 441,
#101
MOUNT DORA, FL 32757

New Mailing Address:

1260 BELLE AVE
#207
WINTER SPRINGS, FL 32708

FEI Number: 87-0771440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRMAN, WILLIAM
18950 US HWY 441
#101
MOUNT DORA, FL 32757 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: LEWIS, H. T
Address: 1260 BELLE AVE # 207
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Change (X) Addition
Name: LEWIS, H. T
Address: 1260 BELLE AVE #207
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SEC ( ) Change (X) Addition
Name: LEWIS, H. T
Address: 1260 BELLE AVE #207
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TREA ( ) Change (X) Addition
Name: LEWIS, H. T
Address: 1260 BELLE AVE #207
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DIR ( ) Change (X) Addition
Name: LEWIS, H. T
Address: 1260 BELLE AVE #207
City-St-Zip: WINTER SPRINGS, FL 32708

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: H.T. LEWIS PRES 02/22/2007

Electronic Signature of Signing Officer or Director — Date