2007 FOR PROFIT CORF PRATION ANNUAL REPORT (A)

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P06000071960 1. Entity Name 04-18-2007 90169 046 ***150 00 RESULTS MANAGEMENT GROUP INCORPORATED Principal Place of Business Mailing Address 12995 SOUTH CLEVELAND AVENUE 12995 SOUTH CLEVELAND AVENUE **SUITE 141** SUITE 141 FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business - No P.O. Box # 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 20-4934483 Not Applicable \$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 ST. CYR, JAMES 13130 WHITE MARSH LANE FORT MYERS FL 33912 1623 S.W. 33 No Tenace Zip Code **339/4** 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. James Al SIGNATURE (NOTE: Registered Agont signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES HHE ☐ Delete TITLE ☐ Change Addition ST. CYR, JAMES NAME NAME 13130 WHITE MARSH LANE STREET ADDRESS STEEL LADDRESS FORT MYERS FL 33912 CHY-ST ZIP CITY ST ZIP VP TITLE Defete Change ☐ Addition ST. CYR. JAMES NAME 13130 WHITE MARSH LANE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY SI-ZIE CHY SL ZIP SEC TITLE Delete ☐ Change Addition ST. CYR, JAMES NAME NAME 13130 WHITE-MARSH LANE Siffici maint 58 SHEET ADDIESS FORT MYERS FL 33912 CITY-ST-ZIP CHY S1-7IP TREA THE Delete THE ☐ Change ☐ Addition ST. CYR, JAMES NAMI MAM 13130 WHITE MARSH LANE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY - ST - ZiE CHY SE ZIP HIII ☐ Delete THEF Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY+S1 7IP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED