

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102874

Entity Name: THREE SIGMA GROUP, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

5004 EAST FOWLER AVENUE
C308
TAMPA, FL 33617

New Principal Place of Business:

5450 BRUCE B. DOWNS BLVD.
371
WESLEY CHAPEL, FL 33543

Current Mailing Address:

5004 EAST FOWLER AVENUE
C308
TAMPA, FL 33617

New Mailing Address:

5450 BRUCE B. DOWNS BLVD.
371
WESLEY CHAPEL, FL 33543

FEI Number: 20-8731851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, JUAN C
5004 EAST FOWLER AVENUE
C308
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

SUAREZ, JUAN C
9428 LEATHERWOOD AVE
TAMPA, FL 33647 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: JUAN C SUAREZ

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUAREZ, JUAN C
Address: 5004 FOWLER AVENUE C308
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUAREZ, JUAN C
Address: 9428 LEATHERWOOD AVE
City-St-Zip: TAMPA, FL 33647 US

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: JUAN C. SUAREZ

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date