

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90010 046 ***150.00

DOCUMENT # P06000149630
 1. Entity Name
 STATE EQUITY GROUP, INC.



Principal Place of Business: 1170 TREE SWALLOW DRIVE, STE. 301, WINTER SPRINGS, FL 32708
 Mailing Address: 1170 TREE SWALLOW DRIVE, STE. 301, WINTER SPRINGS, FL 32708



2. Principal Place of Business - No P.O. Box #: 3625 SR 419, Suite 130, Winter Springs, FL 32708
 3. Mailing Address: 3625 SR 419, Suite 130, Winter Springs, FL 32708

01042008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-5981878
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PROVASNIK, JAMES
 1170 TREE SWALLOW DR STE 301
 WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent
 Name: ROSS J. PAGANO
 Street Address (P.O. Box Number is Not Acceptable): 3625 SR 419 Suite 130
 City: Winter Springs FL Zip Code: 32708

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] DATE: _____

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: PROVASNIK, JAMES STREET ADDRESS: 1103 HAMLET DRIVE CITY-ST-ZIP: MAITLAND, FL 32753	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: JOHN PAGANO STREET ADDRESS: 109 SHADE DR. CITY-ST-ZIP: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: TSD NAME: ROSS PAGANO STREET ADDRESS: 115 E. PANAMA RD. CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not 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 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.

SIGNATURE: [Signature] DATE: 1/4/08 407 699-2415
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR