

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007652

FILED
Jan 11, 2010
Secretary of State

Entity Name: THE PLEIADES GROUP, INC.

Current Principal Place of Business:

3168 WHISPER WIND DRIVE
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 620864
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 04-2896546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, DONNA C
3168 WHISPER WIND DRIVE
SAINT CLOUD, FL 34771 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: PD
Name: HOFFMAN, DONNA C
Address: 3168 WHISPER WIND DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: D
Name: TURNER, KRISTY DOYLE CLERK
Address: 212 HARVARD ROAD
City-St-Zip: STOW, MA 01775

Title: TD
Name: HOFFMAN, WILLIAM C
Address: 3168 WHISPER WIND DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: D
Name: POITRAS, PATRICIA T
Address: 3100 SPRINGHEAD COURT
City-St-Zip: NARCOOSSEE, FL 34771

I hereby 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 all other like empowered.

SIGNATURE: DONNA C HOFFMAN

PD

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date