

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007652

Entity Name: THE PLEIADES GROUP, INC.

FILED  
Jan 07, 2011  
Secretary of State

**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:**

3168 WHISPER WIND DRIVE  
SAINT CLOUD, FL 34771

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

**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: 3159 FOREST BREEZE DR  
City-St-Zip: SAINT CLOUD, FL 34771

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

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date