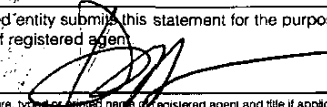
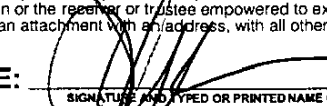


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90025 030 \*\*\*158.75

<b>DOCUMENT # P07000011307</b> 1. Entity Name <b>CORE CUSTOM GROUP, INC</b>					
Principal Place of Business <b>205 LA PASADA CIRCLE EAST PONTE VEDRA BEACH, FL 32082 US</b>			Mailing Address <b>205 LA PASADA CIRCLE EAST PONTE VEDRA BEACH, FL 32082 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5150 PALM VALLEY RD</b>		3. Mailing Address <b>5150 PALM VALLEY RD</b>			
Suite, Apt. #, etc. <b>SUITE 207</b>		Suite, Apt. #, etc. <b>SUITE 207</b>			
City & State <b>PONTE VEDRA BEACH, FL</b>		City & State <b>PONTE VEDRA BEACH, FL</b>			
Zip <b>32082</b>		Country <b>USA</b>		4. FEI Number <b>00-1805422</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>OTANI, DIANA R 205 LA PASADA CIRCLE EAST PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent Name <b>DIANA R. OTANI</b> Street Address (P.O. Box Number is Not Acceptable) <b>5150 Palm Valley Rd Suite 207</b> City <b>Ponte Vedra Beach</b> FL <b>32082</b>		
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:  DATE: <b>2/27/08</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES OTANI, DIANA R 205 LA PASADA CIRCLE EAST PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES DIANA R OTANI 5150 PALM VALLEY RD SUITE 207 Ponte Vedra Beach FL 32082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			Date: <b>2/27/08</b> Daytime Phone #		

40044120



02272008 Chg-P CR2E034 (12/06)