

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026132

FILED  
May 01, 2008  
Secretary of State

Entity Name: BUSINESS INTEREST GROUP, INC.

## Current Principal Place of Business:

9529 MAJESTIC WAY  
BOYNTON BEACH, FL 33437

## New Principal Place of Business:

6111 BROKEN SOUND PKWY NW  
330  
BOCA RATON, FL 33487

## Current Mailing Address:

9529 MAJESTIC WAY  
BOYNTON BEACH, FL 33437

## New Mailing Address:

6111 BROKEN SOUND PKWY NW  
330  
BOCA RATON, FL 33487

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANDOLFI, JOSEPH M ESQ  
9529 MAJESTIC WAY  
BOYNTON BEACH, FL 33437 US

## Name and Address of New Registered Agent:

LANDOLFI, JOSEPH M ESQ  
6111 BROKEN SOUND PKWY NW  
330  
BOCA RATON, FL 33487 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: JOSEPH M LANDOLFI, ESQ.

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STONE, LYNN  
Address: 4700 NW 25 ST #4250  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D ( ) Delete  
Name: LANDOLFI, JOSEPH M JR  
Address: 9529 MAJESTIC WAY  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: SCHMULIAN, JACK  
Address: 20970 VIA OLEANDER C  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LANDOLFI, JOSEPH M JR  
Address: 6111 BROKEN SOUND PKWY NW, STE. 330  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH M LANDOLFI, JR.

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date