2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# P07000069627

Entity Name: DIRECTIONAL OPPORTUNIST GROUP, INC.

Current Principal Place of Business:

1304 WEST 16TH STREET
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

1304 WEST 16TH STREET
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 26-0349268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, GEORGE
1304 WEST 16TH STREET
SANFORD, FL 32771 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: CEO ( ) Delete
Name: BARNES, CAMILLA
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771 US

Title: CFO ( ) Delete
Name: BARNES, GEORGE
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771 US

Title: SEC ( ) Delete
Name: DEVINE, OUIDA
Address: P. O. BOX 1231
City-St-Zip: SANFORD, FL 32771 US

Title: TRES ( ) Delete
Name: DEVINE, MARIA
Address: P. O. BOX 1231
City-St-Zip: SANFORD, FL 32772

Title: MEM ( ) Delete
Name: WALKER, SARAH
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771

Title: MEM ( ) Delete
Name: BLAKE, EMORY
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change ( ) Addition
Name: JONES, THOMAS
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771 US

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

Title: TRES (X) Change ( ) Addition
Name: MCRAE, PATRICIA
Address: 4626 FIRETOWER RD
City-St-Zip: PROCTORVILLE, NC 28375

Title: MEM (X) Change ( ) Addition
Name: BARNES, GEORGE
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771

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: CAMILLA BARNES CEO 03/07/2008

Electronic Signature of Signing Officer or Director — Date