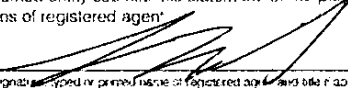
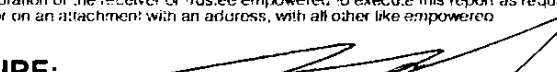


07-31-2008 90043 018 ***150.00

DOCUMENT # P07000118117				Secretary of State	
1. Entity Name ASSOCIATED ENTITY GROUP INC.				07-31-2008 90043 018 ***150.00	
Principal Place of Business 801 N. E. 33RD STREET A324 POMPANO BEACH, FL 33064 US		Mailing Address P. O. BOX 5853 LIGHTHOUSE POINT, FL 33074 US			
2. Principal Place of Business - No P.O. Box # 154 HIBISCUS DRIVE		3. Mailing Address 895262 P.O. Box			
Sure, Apt. #, etc.		Sure, Apt. #, etc.		05092008 Chg-P CR2E034 (12/06)	
City & State LEE3BURG, FL.		City & State LEE3BURG FL.		4. FEI Number ☒ Applied For Not Applicable	
Zip 34788		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLO, JOSEPH J JR 801 N. E. 33RD STREET A324 POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 154 HIBISCUS DRIVE City LEE3BURG FL Zip Code 34788			
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 7/28/08 Signature required or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P CARLO, JOSEPH J JR. 801 N. E. 33RD STREET POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition 154 HIBISCUS DRIVE LEE3BURG, FL 34788			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 I am changeo, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		5/6/08 954635 5242 Signature and typed or printed name of signing officer or director. Date. Date of Filing.			