2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08815

Entity Name: FLORIDA BUSINESS GROUP, INC.

FILED Mar 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2561 NURSERY ROAD, SUITE A CLEARWATER, FL 33764 US

Current Mailing Address: New Mailing Address:

2561 NURSERY ROAD, SUITE A CLEARWATER, FL 33764 US

FEI Number: 21-0611833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COSENZA, SANDY
905 OAKWOOD DRIVE
LARGO, FL 34640 US

COSENZA, SANDY
905 OAKWOOD DRIVE
LARGO, FL 33770 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: SANDY COSENZA 03/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 COSENZA, SANDY
 Name:
 COSENZA, SANDY

 Address:
 905 OAKWOOD DRIVE
 Address:
 905 OAKWOOD DRIVE

 City-St-Zip:
 LARGO EL 33770

City-St-Zip: LARGO, FL City-St-Zip: LARGO, FL 33770

Title: STV () Delete Title: STV (X) Change () Addition Name: WEINSTEIN, LINDA Name: WEINSTEIN, LINDA

Address: 611 SHORE DRIVE EAST Address: 17015 WINNERS CIRCLE
City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: ODESSA, FL 33556

Name:WEINSTEIN, LINDA,Name:WEINSTEIN, LINDA,Address:611 SHORE DRIVE EASTAddress:17015 WINNERS CIRCLECity-St-Zip:OLDSMAR, FL 34677City-St-Zip:ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDY COSENZA PRES 03/01/2005