

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90272 009 \*\*\*150.00

**20046442**



04052005 No Chg-P CR2E034 (10/03)

<b>DOCUMENT # P22951</b> 1. Entity Name THE LEGEND GROUP, INC.	
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Principal Place of Business 4600 EAST PARK DRIVE 300 PALM BEACH GARDENS, FL 33410	Mailing Address 3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0093256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPINELLO, MARK J.  
3920 RCA BLVD.  
SUITE 2004  
PALM BEACH GRDNS, FL 33410

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERRIS, GLENN T 3920 RCA BOULEVARD, SUITE #2004 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROHM, MICHAEL D 6300 LAMAR AVENUE SHAWNEE MISSION, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CARLSON, DANIEL W 3920 RCA BOULEVARD, SUITE #2004 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPINELLO, MARK J 3920 RCA BOULEVARD, SUITE #2004 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  Daniel W. Carlson 4/14/2005 561/694-0110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #