
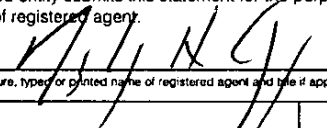
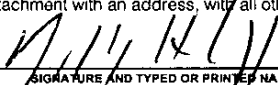


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90172 038 \*\*\*150.00

<b>DOCUMENT # P26239</b> 1. Entity Name <b>DOMINION FINANCIAL GROUP, INC.</b>					
Principal Place of Business <b>712 S. OREGON AVE</b> <b>200</b> <b>TAMPA, FL 33606 US</b>			Mailing Address <b>712 S. OREGON AVE</b> <b>200</b> <b>TAMPA, FL 33606 US</b>		
2. Principal Place of Business <b>1414 W. Swann Ave</b>		3. Mailing Address <b>1414 W. SWANN AVE</b>			
Suite, Apt. #, etc. <b>SUITE 100</b>		Suite, Apt. #, etc. <b>SUITE 100</b>			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA FL</b>			
Zip <b>33606</b>		Country <b>USA</b>		4. FEI Number <b>76-0062372</b>	
Zip <b>33606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JONES, DOUGLAS N</b> <b>712 S. OREGON AVE</b> <b>SUITE 200</b> <b>TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name <b>JONES, DOUGLAS N</b> Street Address (P.O. Box Number is Not Acceptable) <b>1414 W SWANN AVE</b> <b>SUITE 100</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33606</b>	
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 		<b>DOUGLAS N JONES</b>		<b>4/23/06</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KRUSEN, W.A., JR.</b> <b>1301 TRAVIS STREET SUITE 1210</b> <b>HOUSTON, TX 77002</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KRUSEN, W.A., JR.</b> <b>5300 W SAM HOUSTON PKWY N STE 102</b> <b>HOUSTON, TX 77041</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS <b>JONES, DOUGLAS N</b> <b>712 S. OREGON AVE., SUITE 200</b> <b>TAMPA, FL 33606</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS <b>JONES, DOUGLAS N</b> <b>1414 W SWANN AVE SUITE 100</b> <b>TAMPA, FL 33606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KRUSEN, WILLIAM III</b> <b>712 S. OREGON AVE., SUITE 200</b> <b>TAMPA, FL 33606</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KRUSEN, WILLIAM III</b> <b>1414 W SWANN AVE SUITE 100</b> <b>TAMPA FL 33606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		<b>DOUGLAS N. JONES</b> <b>TREASURER</b>		<b>4/23/06</b> <small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DAYTIME PHONE #</small>		<b>813-837-3009</b>	