

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26239

FILED
Feb 16, 2010
Secretary of State

Entity Name: DOMINION FINANCIAL GROUP, INC.

Current Principal Place of Business:

1414 W SWANN AVE
SUITE 100
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

1414 W SWANN AVE
SUITE 100
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 76-0062372 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, DOUGLAS N
1414 W SWANN AVE
SUITE 100
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: KRUSEN, W.A., JR.
Address: 1414 W SWANN AVE, STE 100
City-St-Zip: TAMPA, FL 33606

Title: TS
Name: JONES, DOUGLAS N
Address: 1414 W SWANN AVE, SUITE 100
City-St-Zip: TAMPA, FL 33606

Title: D
Name: KRUSEN, WILLIAM III
Address: 1414 W SWANN AVE, SUITE 100
City-St-Zip: TAMPA, FL 33606

Title: D
Name: KRUSEN, ISABELLE
Address: 1414 W SWANN AVE, STE 100
City-St-Zip: TAMPA, FL 33606

Title: D
Name: RUSSELL, NEWTON B III
Address: 200 W FORSYTH STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: STOLLERY, GORDON A
Address: STE 4000 150 6TH AVE SW
City-St-Zip: CALGARY, AB CANADA, T2P 3Y7

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS N JONES

TS

02/16/2010

Electronic Signature of Signing Officer or Director

_____ Date