


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90106 005 ***150.00

DOCUMENT # P29889		
1. Entity Name LIGGETT GROUP INC.		

Principal Place of Business 100 MAPLE LN MEBANE, NC 27302 US	Mailing Address ATTN: C. ATKINSON 100 MAPLE LANE MEBANE, NC 27302 US
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50025846

2. Principal Place of Business		3. Mailing Address Attn: Helen Stewart	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 100 Maple Lane	
City & State		City & State Mebane, NC 27302	
Zip	Country	Zip	Country



03032005 Chg-P CR2E034 (10/03)

4. FEI Number 56-1702115		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNSTEIN, RONALD J			NAME			
STREET ADDRESS	100 MAPLE LN			STREET ADDRESS			
CITY-ST-ZIP	MEBANE, NC 27302			CITY-ST-ZIP			
TITLE	VPCF	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINGAN, CHARLES M			NAME			
STREET ADDRESS	100 MAPLE LN			STREET ADDRESS			
CITY-ST-ZIP	MEBANE, NC 27302			CITY-ST-ZIP			
TITLE	VPGC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, JOHN R			NAME			
STREET ADDRESS	100 MAPLE LN			STREET ADDRESS			
CITY-ST-ZIP	MEBANE, NC 27302			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINGAN, CHARLES M			NAME			
STREET ADDRESS	100 MAPLE LN			STREET ADDRESS			
CITY-ST-ZIP	MEBANE, NC 27302			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, HELEN B			NAME			
STREET ADDRESS	100 MAPLE LN.			STREET ADDRESS			
CITY-ST-ZIP	MEBANE, NC 27302			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, BILLY T JR.			NAME			
STREET ADDRESS	100 MAPLE LN.			STREET ADDRESS			
CITY-ST-ZIP	MEBANE, NC 27302			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *John R. Long* **03/04/05** **(919) 990-3588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John R. Long