2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# P93000046222

Entity Name: HCF GROUP, INC.

Current Principal Place of Business:

PO BOX 563001
MIAMI, FL 33256

New Principal Place of Business:

Current Mailing Address:

13950 SW 100TH AVE.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0440109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALIN, PETER J
13950 S.W. 100TH AVE.
MIAMI, FL 33176 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 ( ) Delete
Name: CALIN, PETER
Address: 13950 SW 100 AVE
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete
Name: BAILEY, JERRY
Address: 1651 MICANOPY
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: FORD, EUGENE
Address: 8161 SHADY GROVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: HOLLOWAY, MARVIN
Address: 1915 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SGCD (X) Change ( ) Addition
Name: BAILEY, JERRY
Address: 1651 MICANOPY
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JERRY D. BAILEY S/GC 02/16/2005

Electronic Signature of Signing Officer or Director — Date