2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 28, 2005 8:00 am DOCUMENT # P94000014517. --**Secretary of State** 1. Entity Name 02-28-2005 90218 025 ***150.00 THE SAYLOR GROUP, INC. Mailing Address Principal Place of Business 5320 S.W. 88TH TERRACE COOPER CITY FL 33328 5320 S.W. 88TH TERRACE COOPER CITY FL 33328 2112100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0469765 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired □. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAYLOR, JAMES Street Address (P.O. Box Number is Not Acceptable) 413 LAKÉVIEW DR STE 102 FORT LAUDERDALE FL 33326 City 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 (NOTE, Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. TITLE PD ☐ Delete DITLE Change ☐ Addition SAYLOR, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 413 LAKEVIEW DR APT 102 CITY-ST-ZIP FORT LAUDERDALE FL 33326 CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change HILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP 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

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