2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P94000029375 1. Entity Name THE ANSWER GROUP, INC. Principal Place of Business Mailing Address 7562 SOUTHGATE BLVD. 4370 NAUTILUS DR N. LAUDERDALE, FL 33068 115 MIAMI BEACH, FL 33140 IJS 04052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0488449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORDON, LEWIS G DO NOT WRITE 4370 NAUTILUS DR MIAMI BEACH, FL 33140 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE QUINN, BRUCE NAME U00000293024 STREET ADDRESS 7562 SOUTHGATE BLVD. 04/08/05-80011-021 150.00 CITY-ST-ZIP N. LAUDERDALE, FL 33068 DS TITLE QUINN, ANDREW NAME STREET ADDRESS 7562 SOUTHGATE BLVD. CITY-ST-ZIP N. LAUDERDALE, FL 33068 TITLE QUINN, SHERI NAME STREET ADDRESS 7562 SOUTHGATE BLVD. DO NOT WRITE N. LAUDERDALE, FL 33068 CITY-ST-2IP IN THIS SPACE TITLE QUINN, DENNIS NAME STREET ADDRESS 7562 SOUTHGATE BLVD. N. LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

NAME STREET ADDRESS CITY-ST-ZIP

FILED