2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045651

Entity Name: THE PRESENTATION GROUP, INC.

FILED Feb 12, 2007 Secretary of State

| | | OLIVIATION GROOF, INC. | | | |
|---|---|-------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| 2702 E. ROBINSON STREET ORLANDO, FL 328035800 US | | | 2707 E. JEFFERSON S ORLANDO, FL 32803 | ST US | |
| Current Mailing Address: | | | New Mailing Address: | | |
| STE 2300 | ANGE AVE D, FL 3280134 | 32 US | | | |
| FEI Number: | : 59-3249956 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| SUITE 230 ORLANDO The above | ANGE AVE 00 D, FL 32801 U | | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () MEAD, LONNY 1832 WINDING ORLANDO, FL | OAKS DRIVE | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | VSD () WALKER, CHA 13849 BLUEBII WINDEMERE, | RD POND RD. | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VTD () LOTT, JAMES E 453 KEHOE BL ORLANDO. FL | VD | Title: (Name: Address: Citv-St-Zip: |)Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LONNY MEAD PD 02/12/2007