2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045651

453 KEHOE BLVD

ORLANDO, FL 32825

Address: City-St-Zip:

Entity Name: THE PRESENTATION GROUP, INC

FILED Jan 22, 2008 Secretary of State

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|--|--|--------------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| | FFERSON ST D, FL 32803 | US | 2900 E. ROBINSON ST ORLANDO, FL 32803 | REET US | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 200 S ORANGE AVE STE 2300 ORLANDO, FL 328013432 US | | | 2900 E. ROBINSON STREET ORLANDO, FL 32803 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 in the State | named entity of Florida. | | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUF | | nic Signature of Registered Age | .nt | Date | |
| Election Car | | g Trust Fund Contribution (). | ent. | Date | |
| 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 BLUEBI WINDEMERE, | RD POND RD. | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VTD (LOTT, JAMES |) Delete E JR. | Title: (Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: LONNY A MEAD PD 01/22/2008