


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90027 005 \*\*\*150.00

<b>DOCUMENT # P94000083120</b>					
<b>1. Entity Name</b> SURVIVORS GROUP, INC.					
<b>Principal Place of Business</b> 1407 1/2 JUNE AVE STE B PANAMA CITY, FL 32402 US			<b>Mailing Address</b> 1407 1/2 JUNE AVE STE. B SOUTHPORT, FL 32409		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PANAMA CITY FL		<b>4. FEI Number</b> 59-3281003	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 32401		Country		01062007 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  BRIGMAN, M P 1407 1/2 JUNE AVE STE B PANAMA CITY, FL 32402			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD BIEHL, JERRY 1407 1/2 JUNE AVE. #8 PANAMA CITY, FL 324012037	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	# B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD BRIGMAN, M P 1407 1/2 JUNE AVE. #8 PANAMA CITY, FL 324012037	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	# B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VSD SCARPA, J R 1407 1/2 JUNE AVE. #8 PANAMA CITY, FL 324012037	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	# B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>M P Brigan</i> <span style="float: right;">1-7-07</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					