2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014878

Entity Name: DOCTORS LICENSURE GROUP, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
5365 W NINE MILE ROAD PENSACOLA, FL 32526	

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 7029 PENSACOLA, FL 32534 US	

FEI Number: 59-3298835   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CADER, LICIA 6572 MEMPHIS AV PENSACOLA, FL 32526 US	HAAS, MARGARET E 5365 WEST NINE MILE ROAD PENSACOLA, FL 32526 US

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.

SIGNATURE: MARGARET E HAAS   04/29/2008
_____
                    Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P   ( ) Delete   Title: P   (X) Change ( ) Addition
Name: ENGLAND, BARBARA J   Name: ENGLAND, BARBARA J
Address: 5365 W 9 MILE RD   Address: 5365 WEST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32526   City-St-Zip: PENSACOLA, FL 32526

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.

SIGNATURE: BARBARA J ENGLAND   PRES   04/29/2008
_____
            Electronic Signature of Signing Officer or Director   Date