2005 FOR PROFIT CORPORATION

FILED Jun 13, 2005 8:00 am

DOCUMENT # P95000049635 1. Entity Name THE WINNERS GROUP, INC. Principal Place of Business S429 VILLAGE MARKET WESLEY CHAPEL, FL 33543 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country TATE, MARK T 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602 O6-13-2005 90003 014 ***550.00 14 ***550.00 06-13-2005 90003 014 ***550.00 14 ***550.00 06-13-2005 90003 014 ***550.00 14 ***550.00 15 ***S50.00 16 **S0000 11 ****550.00 17 **S0000 11 ****550.00 18 **S0000 11 ****550.00 19 **S0000 11 ****550.00 10 **S0000 11 **S0000 11 ****550.00 10 **S0000 11 ****550.00	1. Entity Name THE WINNERS GROUP, INC. Principal Place of Business 5429 VILLAGE MARKET WESLEY CHAPEL, FL 33543 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TATE, MARK T 501 E. KENNEDY BLVD, SUITE 1700 TAMPA, FL 33602	1. Entity Name		`	Secretary of State				
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	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			r the purpose of changing its	registered office or reg	gistered agent, or bo	th, in the State of Flo	orida. I am familia	with, and accept
the obligations of registered agent.		the obligation	ns of registered agent.						
SIGNATURE Signature, your or princed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstailing) DATE	the obligations of registered agent.	SIGNATURE	ungture, typed or printed name of registered agent	and title if applicable (NOTI	E: Registered Agent signature re	equired when reinstating)		DATE	
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bue by September 7, 2003	SIGNATURE Signature, typed or princed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstailing) DATE	10.		Trust Fund Con	ribution.				
Due by September 1, 2003	SIGNATURE Signature, speed or principal name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstailing) DATE FILE NOWIII FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Financing S5.00 May Be Added to Fees		OFFICERS AND			Added to Fees	CHANGES TO OFF	ICERS AND DIRE	CTORS IN 11
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501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602 City Streel Address (P.O. Box Number is Not Acceptable) Lip Code	501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602 Street Address (P.O. Box Number is Not Acceptable)			Registered Agent	Nama	7. Name and	Address of New R	egistered Agent	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplimental 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:

SIGN

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/2005

SB-908-7577

Daytime Phone #