

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90033 002 ***150.00

DOCUMENT # P95000061489 1. Entity Name THE FINANCIAL ENGINEERING GROUP, INC.					
Principal Place of Business 200 W PALMETTO PK RD 201 BOCA RATON, FL 33432 US			Mailing Address 200 W PALMETTO PK RD 201 BOCA RATON, FL 33432 US		
2. Principal Place of Business - No P.O. Box # 21347 HARROW CT		3. Mailing Address 21347 HARROW CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BOCA RATON FL		City & State BOCA RATON, FL		4. FEI Number 65-0703965	
Zip 33433		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTLIEB, ALLYNE M. 21347 HARROW COURT BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name RITA M. SILVER Street Address (P.O. Box Number is Not Acceptable) 21347 HARROW CT City BOCA RATON FL Zip Code 33433			
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. SIGNATURE RITA M. SILVER <i>Rita M. Silver</i> July 29, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GOTTLIEB, ALLYNE M 21347 HARROW COURT BOCA RATON, FL 33433		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SILVER, RITA M 21347 HARROW CT BOCA RATON, FL		<input type="checkbox"/> Delete	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <i>Rita M. Silver</i> July 29, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60046249



07292008 Chg-P CR2E034 (12/06)