

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90266 050 ***150.00

DOCUMENT # P95000071689	
1. Entity Name STRATEGIC WEALTH MANAGEMENT GROUP, INC.	

Principal Place of Business 701 COLORADO AVENUE STUART, FL 34994	Mailing Address 701 COLORADO AVENUE STUART, FL 34994
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40002901



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01062006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number 65-0604005	Applied For ☐ Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPRAKER, MIKEL C 701 COLORADO AVENUE STUART, FL 34994		7. Name and Address of New Registered Agent Name Gene Goldin Street Address (P.O. Box Number is Not Acceptable) 701 Colorado Ave City Stuart FL Zip Code 34994	
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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 the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **11/12/06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEHLICH, GERALD 701 COLORADO AVENUE STUART, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROEGIERS STEPHEN 701 COLORADO AVENUE STUART, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRAKER, MIKEL 701 COLORADO AVENUE STUART, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDIN, GENE 701 COLORADO AVENUE STUART, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE **11/12/06** 777-883-2300