

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0604005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

GOLDIN, GENE
701 COLORADO AVE
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEHLICH, GERALD 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROEGIERS STEPHEN 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDIN, GENE 701 COLORADO AVENUE STUART, FL
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01/23/08-80032-014.150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE B. GOLDIN

1/18/08

772-243-7444

Date

Daytime Phone #