2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092678

Entity Name: THE SNYDER GROUP, INC.

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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225 CUMBERLAND CIRCLE WEST LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

PO BOX 915323 LONGWOOD, FL 327915323

FEI Number: 59-3348975 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:

SNYDER, CHARLES H 225 CUMBERLAND CIRCLE WEST LONGWOOD, FL 32779

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SNYDER, CHARLES H SNYDER, CHARLES H Name: Name: 225 CUMBERLAND CIRCLE WEST 225 CUMBERLAND CIRCLE WEST Address: Address:

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: STD Title: (X) Change () Addition () Delete

Name: SHAPIRO, BETH L Name: SNYDER, BARBARA A

10400 TUXFORD DRIVE 225 CUMBERLAND CIRCLE WEST Address: Address: LONGWOOD, FL 32779 US ALPHARETTA, GA 30022 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition V/D () Delete VD.

SNYDER, BRUCE A Name: SNYDER, BRUCE A Name: 8599 SUMMERVILLE PLACE Address: 8599 SUMMERVILLE PLACE Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US

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: CHARLES H SNYDER PD 04/17/2008