2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2006 08:00 AM Secretary of State **DOCUMENT # P96000046843** 1. Entity Name STATESIDE CAPITAL GROUP, INC. Principal Place of Susiness Mailing Address 75 NE 6TH AVENUE 75 NE 6TH AVENUE **STE 103 STE 103** DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 04122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2240636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WEINSTEIN, NORMAN S 75 NE 6TH AVENUE STE 103 IN THIS SPACE DELRAY BEACH, FL 33483 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 Signature, typed or printed name of registered agent and little if applicable 05/03/06-80023-022 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE WEINSTEIN, NORMAN S NAME STREET ADDRESS 75 NE 6TH AVENUE #103 DELRAY BEACH, FL 33483 CITY-ST-ZIP VSD TITLE RINDNER, JEROME NAME 441 ROUTE 306 STREET ADDRESS WESLEY HILLS, NY 10952 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver for 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 an other life empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman S. Weinstein, President

FILED