2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P96000068419

Entity Name: MASTERS GROUP, INC.

Current Principal Place of Business:

107 RIDGEWOOD AVE
CLEWISTON, FL 33440 US

New Principal Place of Business:

6789 MAIN STREET
HIALEAH, FL 33014 US

Current Mailing Address:

P.O. BOX 2725
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0693407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDELLI, ALFRED J JR
107 RIDGEWOOD AVE
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

SANDELLI, ALFRED J JR
6789 MAIN STREET
HIALEAH, FL 33014 US

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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SANDELLI, ALFRED J JR.
Address: 107 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440

Title: VD ( ) Delete
Name: SANDELLI, MICHAEL S
Address: 102 RIDGEWOOD AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: S ( ) Delete
Name: SANDELLI, ROBERTA F
Address: 107 RIDGEWOOD AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: T (X) Delete
Name: SANDELLI, ROBERTA F
Address: 107 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D (X) Delete
Name: SANDELLI, ALFRED J SR
Address: 107 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANDELLI, ALFRED J JR.
Address: 6789 MAIN STREET
City-St-Zip: HIALEAH, FL 33014 US

Title: T (X) Change ( ) Addition
Name: SANDELLI, ROBERTA F
Address: 6789 MAIN STREET
City-St-Zip: HIALEAH, FL 33014 US

Title: S (X) Change ( ) Addition
Name: SANDELLI, ROBERTA F
Address: 6789 MAIN STREET
City-St-Zip: HIALEAH, FL 33014

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERTA F. SANDELLI S 04/29/2005
Electronic Signature of Signing Officer or Director — Date