2007 FOR-€ROFIT CORPORATION

FILED Apr 30, 2007 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P96000080323 GROUPS INTERNATIONAL, INC. Principal Place of Business Mailing Address 10971 LAKE FRONT PLACE 9858 GLADES ROAD BOCA RATON, FL 33498 # 142 BOCA RATON, FL 33434 01242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0700842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent COLLINS, CYNTHIA DO NOT WRITE 10971 LAKE FRONT PLACE BOCA RATON, FL 33498 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE COLLINS, CYNTHIA NAME 10971 LAKE FRONT PLACE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 000000749652 TITLE 05/18/07-80034-001 150.00 COLLINS, EPHRAIM NAME STREET ADDRESS 10971 LAKE FRONT PLACE CITY-ST-ZIP BOCA RATON, FL 33498 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR